

# Client Update Form

Please can you complete & return the document to us, to ensure our Client information is up to date. This is in line with our Company Policy.

OFFICE USE ONLY

Date: _____	
Sales Manager Name: _____	Sales Area: _____
Sent in via email? YES <input type="checkbox"/> NO <input type="checkbox"/>	

## Your Company Details

Company Name: \_\_\_\_\_ Are you FENSA or Certass Registered? YES  NO

Trading As (if different from above): \_\_\_\_\_ If Yes, Membership No: \_\_\_\_\_

Date you Commenced Trading: Month  Year

Address: \_\_\_\_\_ Your website: www. \_\_\_\_\_

Town: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

Postcode:

Telephone Number:

Fax Number:

Email Address: \_\_\_\_\_

Are you a Limited Company?  Sole trader?  Partnership?

If Limited Company, what is your Registration Number?

Default delivery address:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Contacts

Your Accounts Dept. Contact: \_\_\_\_\_ Accounts Email: \_\_\_\_\_

Accounts Telephone number:

Name(s) of persons in your company authorised to order windows from us:

Name _____	Telephone No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name _____	Telephone No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Name _____	Telephone No. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## Miscellaneous Information

Our delivery times are between 7am and 7pm.

Do you have any delivery time restrictions? Yes  No

If Yes what are they? \_\_\_\_\_

Do you have a depot our lorries can deliver to? Yes  No

Are there any parking or loading restrictions? Yes  No

Please indicate the size of vehicle your premises may take:

Transit  7.5 – 18 Tonne  Artic

Do you have a showroom? Yes  No

Current supplier of vertical Sliders? \_\_\_\_\_

Anticipated number of windows required monthly

Are you a Retailer? Yes  No

Are you a Trade Counter? Yes  No

Are you a Manufacturer? Yes  No

Receive news and updates from us via email? Yes  No

VS-CUF-21-V1

Email to: [sales@victoriansliders.co.uk](mailto:sales@victoriansliders.co.uk)

