



NEW CUSTOMER FORM

SECTION 1 - WHICH SERVICE DO YOU WISH TO USE?

Hallmarking Gemmology Lab Analytical Lab Valuations

ARE YOU - New customer Changing details Returning customer

WHERE DID YOU HEAR ABOUT US?

Online Trade magazine Our website Google Mail Word of mouth

COMPANY NAME-

ACCOUNT NO

COMPANY TYPE- Limited Sole Trader Partnership Hobbyist Student General Public

BUSINESS ACTIVITY:

VAT NO:

INVOICE ADDRESS:

DELIVERY ADDRESS:

TEL NO.

WEBSITE

COMMUNICATION PREFERENCE: Email Telephone Letter

PRIMARY CONTACT: Mr Mrs Ms

FIRST NAME:

LAST NAME:

JOB TITLE

PHONE NO.

EMAIL:

EMAIL COMMUNICATION TYPE:

SOCIAL MEDIA CONSENT:

If we take any photography/videography of your item whilst at Birmingham Assay Office, do you consent to this being shared on our social media platforms?

Please note that:

• Payment must be made in full on your first order before work/results can be processed/released - please complete section 2 with your preferred payment method.

NB: Specific payment details will be advised when placing your order.

• If you wish to apply for credit facilities for future trading, please also complete section 3 and your request will be processed and the outcome advised.

• If you would like to register for hallmarking with Assay Office Birmingham, please also complete the registration form/punch order form.



CHANGE OF DETAILS FORM

SECTION 2 - PREFERRED PAYMENT METHOD

BACS/CHAPS CREDIT/DEBIT CARD TELEPHONE

PLEASE SIGN BELOW TO CONFIRM THE INFORMATION PROVIDED ON THIS FORM ARE CORRECT AND THAT YOU AGREE TO OUR TERMS & CONDITIONS:

NAME: _____ CUSTOMER SIGNATURE: _____ DATE: _____

SECTION 3 - CREDIT ACCOUNT APPLICATION

ONLY COMPLETE IF YOU WISH TO APPLY FOR CREDIT FACILITIES. PAYMENT TERMS STRICTLY 30 DAYS. PLEASE PROVIDE DETAILS FOR TWO TRADE REFERENCES WHOM WE MAY CONTACT. BY APPLYING FOR A CREDIT ACCOUNT YOU CONSENT TO US UNDERTAKING A CREDIT REFERENCE CHECK.

TRADE REFERENCE 1	TRADE REFERENCE 2
CONTACT NAME:	CONTACT NAME:
COMPANY NAME:	COMPANY NAME:
ADDRESS:	ADDRESS:
TEL NO:	TEL NO:
EMAIL:	EMAIL:
EXPECTED MONTHLY SPEND:	
CUSTOMER BANK DETAILS:	
ACCOUNT NAME:	
SORT CODE:	BANK NAME:
BANK ADDRESS:	
IBAN NUMBER:	
BIC NUMBER:	SWIFT ID:

ACCOUNT CONTACT:

Mr Mrs Ms FIRST NAME: _____ LAST NAME: _____

TEL NO:	EMAIL:
---------	--------

PLEASE SIGN BELOW TO CONFIRM YOUR AGREEMENT TO PAYMENT TERMS OF 30 DAYS:

NAME: _____ CUSTOMER SIGNATURE: _____ DATE: _____

PLEASE SEND THE COMPLETED FORM TO CONTACTUS@THEASSAYOFFICE.CO.UK