



New Account Form

Company Name:
 Company Registration Number:
 Registered Address:

Trading Name:
 (If Different from above)

Are Purchase Order Numbers Required? Yes/No

Invoicing Address
 Town:
 County:
 Post Code

Invoice Contact Name:
 Contact Department:

Telephone Number:
 Fax Number:
 Email Address:

Who should our account details be sent to:
 (CIS details, Vat Reg, Insurance, Credit Control)

I / We also accept One Way Resourcing Ltd Current Terms & Conditions for Introduction of Temporary / Subcontract Workers, copies available on request or from our website.
www.onewayresourcing.co.uk

Print Name

Position.....

Authorised
 Signature

Date.....

For internal Use only
 Account Number:
 F/C Details
 Credit Limit & Terms
 Account Authorised:
 Information Sent:
 C/C Updated: Sage Updated:

A COMPANY LETTER HEAD WILL BE REQUIRED TO BE SENT BACK WITH THIS FORM

PLEASE FAX BACK TO: 08717 12 00 06