

Client Account Details

To enable us to correctly open your account, please provide the following information:

Registered Legal Name of Business Organisation: _____

Category: Sole Trader/Partner/Limited Company or Other (please state): _____

Trading name if different: _____

Address: _____

_____ Post Code: _____

Contact name(s): _____

Tel: _____ Fax: _____ e-mail: _____

Registered Office Address: _____

_____ Post Code: _____

Tel: _____ Fax: _____ e-mail: _____

Invoicing details

Contact name: _____

Address: _____

_____ Post Code: _____

Tel: _____ Fax: _____ e-mail: _____

Bank Details Name: _____

Branch: _____

Sort Code: _____

Account No: _____

Do you operate an electronic fund transfer (BACS) payment system to suppliers? YES/NO

Full VAT Number (non-UK organisations only):

Signature: _____ Position: _____

Please print: _____

**Thank you, please fax this information to:
Mr Martin French, Director on 020 8464 6313
or post to Tiger Bay Design**

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