

Estimated Credit Limit Required

£



Please email the completed form back to: m.riach@gjltalent.com

Company Name

Address 1 _____
Address 2 _____
Address 3 _____
Address 4 _____
Postcode _____

Invoice Details (if different)

Address 1 _____
Address 2 _____
Address 3 _____
Address 4 _____
Postcode _____

Client Contact

Name _____
Title _____
Telephone _____
Fax _____
Email _____

Accounts Dept Contact (if different)

Name _____
Title _____
Telephone _____
Fax _____
Email _____

Company Details

Limited Company
Yes _____ No _____

Sole Trader
Yes _____ No _____

Partnership
Yes _____ No _____

Company Reg. No. _____
VAT Reg. No. _____

Proprietors Name and D.O.B _____
Address _____

Names _____
Addresses _____
No. of Partners _____
How long have you been trading _____

Payment Terms

Payment Terms requested _____

Would you like to receive invoices via email

YES _____ NO _____

If Yes, Please specify email address _____

I/we confirm that I/we have read the Terms of Business for the supply of temporary and/or permanent staff. I/we also confirm that we hold current Employers and Public Liability Insurance and have carried out risk assessments of our sites.

Signed _____
Print Name _____
Position _____
Company _____
Date _____

Signed _____
Print Name _____
Position _____
Company GJL Talent Ltd _____
Date _____

We may transfer information about you to our Financiers who may use this information for credit or financial assessment purposes