

Unit 7 Glendale Avenue – Sandycroft – Deeside – Flintshire – CH5 2QP

Tel: 01244 526300 Fax: 01244 526301 email: sales@metlabsupplies.co.uk

#  NEW CUSTOMER REQUEST (QF 8.2.1/02/18)

 PLEASE COMPLETE AND SEND TO SALES@METLABSUPPLIES.CO.UK OR RETURN TO US BY FAX ON 01244 526301

|  |  |  |  |
| --- | --- | --- | --- |
| Proprietor/Partners or company name  |   |  |  |
| Trading style  |   |  |  |
| Building No.  |   | Building Name  |  |   |  | PO Box  |   |
| Other Building Information e.g. Floor, Level, Dept &c |      |  |  |
| Street Name  |   |  |  |
| District  |   |  |  |
| Post Town  |   |  |  |
| Post Code (UK only)  |   | Country  |   |
| Phone Number  |   | Fax Number  |   |
| Company Reg. No  |   | VAT Reg. No.  |   |
| Limit Required  |   | Terms  |   |

#  FINANCE ADDRESS IF DIFFERENT FROM ABOVE

|  |  |  |
| --- | --- | --- |
| Proprietor/Partners or company name  |   |  |
| Building No.  |   | Building Name  |   | PO Box  |   |
| Other Building Information e.g. Floor, Level, Dept &c  |      |  |
| Street Name  |   |  |
| District  |   |  |
| Post Town  |   |  |
| Post Code (UK only)  |   | Country  |  |   |
| Phone Number  |   | Fax Number  |  |   |

 Are you a reseller? Yes/No

 If yes, please advise the countries with which you trade: ……………………………………………………………………………………………………………………………

 …………………………………………………………………………………………………………………………………………………………………………………………………………………….

 Signed: ……………………………………………….. Print Name: ……………………………………………………………………. Date:……………………………..

FOR METLAB USE ONLY

 **Date approved/created:** ……………………………………

 **Account no:** …………………………………...

#  Credit limit (if different from limit requested) …………………

 Directors: M.Metcalf B.Metcalf D.Metcalf I.Metcalf Registered in England 1794167

 **ALL YOUR ANALYTICAL LABORATORY NEEDS**

 Company Registration Number: 01794167