|  |  |
| --- | --- |
| Full Trading Name |  |
| Registered Company Address |  |
| Building name/Street |  |
| Street |  |
| City |  |
| Postcode |  |
| Telephone |  |
| Fax |  |
| Email |  |

|  |  |
| --- | --- |
| Company Registration number |  |
| Date business established |  |
| Registered Office |  |
| Type of business (Ltd/partnership/sole trader/other) |  |

|  |  |
| --- | --- |
| Invoicing Address |  |
| Building name/Street |  |
| Street |  |
| City |  |
| Postcode |  |
| Accounts Payable Contact |  |
| Accounts Payable Telephone |  |
| Accounts Payable Email |  |

In an attempt to protect the environment and speed up our invoicing process, Conference Aston send all invoices by email. Please notify us in advance should you not be able to accept this.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| First booking with Conference Aston & Value | Yes / No£ | Event reference number |  | Is a purchase order number required on invoice for payment? | Yes / No |

**PLEASE COMPLETE AND RETURN WITH A LETTERHEAD OR OFFICIAL PURCHASE ORDER**

**Your Name: Position:**

**Signed: Date:**

By signing this form, you acknowledge and agree to Conference Aston undertaking a credit check of your company in order to be able to process your application.

**Finance Use:**

|  |  |  |
| --- | --- | --- |
| Date Received: | D&B Rating/Limit: | Agresso Ref: |
| Deposit Advised: | Credit Controller:  | Authorisation: |