



Nighttime Solutions Ltd

# CUSTOMER DETAILS FORM

Tel: 01484 540224 FAX: 01484 420330 E-mail: [accounts@qbcagency.co.uk](mailto:accounts@qbcagency.co.uk)

<b>Company Title and Full Trading Name(s):</b>	*		
<b>Trading Address(es):</b>	*		
<b>Registered Office Address for Invoicing (no credit offered to P.O. Box numbers):</b>			<b>Post Code:</b>
			*
<b>Registered Number:</b>			
<b>Contact Name:</b>	*	<b>Second contact:</b>	
<b>Tel no (landline required for credit):</b>	*	<b>FAX:</b>	
<b>E-mail:</b>	*	<b>Website:</b>	
<b>How long at this address:</b>	<b>Years:</b>	*	<b>Months:</b> *
<b>Delivery address if different (no deliveries can be made to P.O. Box numbers):</b>			<b>Post Code:</b>
			*
<b>Nature of Business:</b>			
<b>Number of Years Trading:</b>	*		

\* = Mandatory Fields

<b>Name of bankers:</b>			
<b>Branch:</b>	<b>Sort code:</b>	- -	<b>A/C no:</b>

I confirm the above details to be correct. Should I require a credit facility with QBC, I will permit the above information to be used as part of a credit reference check.

(Please tick the box if you agree to a credit check:  )

Signed: ..... (Print Name:.....)

Position in Company:.....Date:.....