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| MGTS Business & Training Services Limited  Gulson Road, Coventry West Midlands, CV1 2JG 024 7663 0333  mgts.co.uk |
| **NEW ACCOUNT APPLICATION FORM** |
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| When completing this form, please use block capital letters. Once completed, email it to accounts@mgts.co.uk. |
| **Company Name:** |
| **Address for Invoices:** |
| **Contact Person** |
| **Street Address / P O Box** |
| **Town/City** | **County/Province** |
| **Post/Zip Code** | **Country** |
| **VAT No (if applicable)** | **Company Reg. No.** |
| **Telephone (including Country Code)** |
| **Email Address for Invoices** |
| **Email Address for Statements** |
| **Order Contact:** |
| **Contact Name** |
| **Department** |
| **Street Address** |
| **Town/City** | **County/Province** |
| **Post /Zip Code** | **Country** |
| **Telephone (including Country Code)** | **Email Address** |
| **Payment Terms:** Please tick box to accept payment terms [ ] Payment of an invoice is due 30 days from the date of the invoice.Our course booking terms and conditions can be found at: [www.mgts.co.uk/training](https://www.mgts.co.uk/wp-content/uploads/2024/07/Course-Booking-Terms-Conditions-July-2024.pdf) |
| I have read and agree to the terms as detailed above. I agree to abide by those terms. The information given above is to the best of my knowledge accurate and I understand that false information can lead to the withdrawal of credit facilities**. I am an authorised signatory for the purpose of opening credit accounts.****............................................................................. .....................................................................................****Authorised Signatory Position****............................................................................. .....................................................................................****Print Name Date** |

***Internal Use Only:***

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| *Finance Authorisation:* | *Account Code:* |
| *Date:* | *Creation Date:* |