



**SECTION 1 - YOUR DETAILS**

PLEASE TICK THE SERVICES YOU WISH TO USE:

<input type="checkbox"/> ASSAY OFFICE BIRMINGHAM (HALLMARKING & LASER MARKING)	<input type="checkbox"/> ANCHORCERT ANALYTICAL (CONSUMER PRODUCT SAFETY TESTING & PRECIOUS METALS ANALYSIS)
<input type="checkbox"/> ANCHORCERT GEM LAB (DIAMOND & TANZANITE GRADING, PEARL & COLOURED GEMSTONE ID)	<input type="checkbox"/> SAFEGUARD VALUATIONS (JEWELLERY, WATCH & SILVERWARE VALUATIONS)

ARE YOU: A NEW CUSTOMER  EXISTING CUSTOMER CHANGING DETAILS  RETURNING CUSTOMER

WHERE DID YOU HEAR ABOUT US: ONLINE  TRADE MAGAZINE  OUR WEBSITE  GOOGLE  EMAIL MARKETING  WORD OF MOUTH   
OTHER: (please state)

COMPANY NAME:	COMPANY ACCOUNT NO: (For current customers only)
COMPANY TYPE: LIMITED <input type="checkbox"/> SOLE TRADER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> HOBBYIST <input type="checkbox"/> STUDENT <input type="checkbox"/> GENERAL PUBLIC <input type="checkbox"/>	REGISTRATION NO:
BUSINESS ACTIVITY:	VAT NO:

INVOICE ADDRESS:	DELIVERY ADDRESS: (if different from Invoice Address)
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TEL NO: WEBSITE:

COMMUNICATION PREFERENCE: EMAIL  TELEPHONE  LETTER

PRIMARY CONTACT

MR  MRS  MS  FIRST NAME: LAST NAME:

JOB TITLE: TEL / MOBILE:

EMAIL:

EMAIL COMMUNICATION TYPE: INVOICE  ORDER ACKNOWLEDGMENT  ORDER COMPLETE

ADDITIONAL CONTACT (IF REQUIRED)

MR  MRS  MS  FIRST NAME: LAST NAME:

JOB TITLE: TEL / MOBILE:

EMAIL:

EMAIL COMMUNICATION TYPE: INVOICE  ORDER ACKNOWLEDGMENT  ORDER COMPLETE

**Please note that:**

- Payment must be made in full on your first order before work/results can be processed/released - please complete section 2 with your preferred payment method.  
NB: Specific payment details will be advised when placing your order.
- If you wish to apply for credit facilities for future trading, please also complete section 3 and your request will be processed and the outcome advised.
- If you would like to register for hallmarking with Assay Office Birmingham, please also complete the registration form/punch order form.

**AnchorCert Gem Lab / SafeGuard customers only**

Do you want to be listed on the "Find a retailer" page of our websites to help consumers locate you: Yes  No

**PTO >**





**SECTION 2 - PREFERRED PAYMENT METHOD**

CASH  CHEQUE  BACS/CHAPS  CREDIT/DEBIT CARD ON FILE  TELEPHONE

**PLEASE SIGN BELOW TO CONFIRM THE INFORMATION PROVIDED ON THIS FORM ARE CORRECT AND THAT YOU AGREE TO OUR TERMS & CONDITIONS:**  
(T&C's available on [www.theassayoffice.co.uk/terms-and-conditions-of-business](http://www.theassayoffice.co.uk/terms-and-conditions-of-business) or at our Customer Services counter)

NAME: ..... CUSTOMER SIGNATURE: ..... DATE: .....

**SECTION 3 - CREDIT ACCOUNT APPLICATION**

**ONLY COMPLETE IF YOU WISH TO APPLY FOR CREDIT FACILITIES. PAYMENT TERMS STRICTLY 30 DAYS. PLEASE PROVIDE DETAILS FOR TWO TRADE REFERENCES WHOM WE MAY CONTACT. BY APPLYING FOR A CREDIT ACCOUNT YOU CONSENT TO US UNDERTAKING A CREDIT REFERENCE CHECK.**

TRADE REFERENCE 1		TRADE REFERENCE 2	
CONTACT NAME:		CONTACT NAME:	
COMPANY NAME:		COMPANY NAME:	
ADDRESS:		ADDRESS:	
POSTCODE:		POSTCODE:	
TEL NO:		TEL NO:	
EMAIL:		EMAIL:	
EXPECTED MONTHLY SPEND: £			
CUSTOMER BANK DETAILS			
ACCOUNT NAME:			
ACCOUNT NO:			
SORT CODE:			
BANK NAME:			
BANK ADDRESS:			
IBAN NUMBER:			
BIC NUMBER:		SWIFT ID:	
ACCOUNTS CONTACT PERSON			
MR <input type="checkbox"/>	MRS <input type="checkbox"/>	MS <input type="checkbox"/>	
FIRST NAME:		LAST NAME:	
TEL:		EMAIL:	
PLEASE SIGN BELOW TO CONFIRM YOUR AGREEMENT TO PAYMENT TERMS OF 30 DAYS:			
NAME: .....		CUSTOMER SIGNATURE: .....	
		DATE: .....	

OFFICE USE ONLY	NAME	DATE
ORIGINATING DEPARTMENT		
ACCOUNTS AUTHORISATION		
CREDIT LIMIT		

