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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:  <https://www.mgts.co.uk/wp-content/uploads/2022/02/Course-Booking-Terms-Conditions.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:* |