

MAYDAY EMPLOYMENT LTD



CLIENT APPLICATION FORM

Full Company Name:

Full Trading Address

How long Established?

Periodically

Contact Details:

Telephone Number:

Fax Number:

Email:

INVOICE BILLING ADDRESS:

Accounts Department Contact Details:

Accounts Dept Tel NO:

Fax No:

E-Mail:

COMPANY STATUS

Limited Company/Partnership/Sole Trader (Circle as appropriate)

Company Reg No:

VAT Reg No:

FOR PARTNERSHIPS PLEASE GIVE PARTNERS NAMES AND ADDRESS'S

* We agree to abide by the terms and conditions of trading of Mayday Employment Ltd

* We agree to Mayday Employment Ltd checking the company using a credit reference agency

* We agree to Mayday Employment Ltd making enquiries about principle Directors/Owners

Signature of Applicant

Date

Name (please print)

Position

PLEASE ALSO SUPPLY A COPY OF YOUR COMPANY LETTERHEADED PAPER