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New Client Account Form

Trading Name			
Legal Name (if different)			
Please tick business entity: Limited	Co Sole Trader	Partnership	Govt Other
Subsidiary If Subsidiary please	e state Parent Company Na	me	
Trading Address:			
Invoicing Name & Address (if diffe	rent from above)		
How do you wish to receive your Ir	nvoice: Post Email	Email address:	
Tel No:	Fax:	We	eb:
Your recruitment needs from Sigma	r (please tick):Temporary S	Staff Permane	nt StaffContract Staff
Company Number:	Whe	en did you start tradin	g (year):
VAT Number:	RCT	(Relevant contract tax	x) tick if applicable: Is
your company VAT Exempt, please t	ick: Yes: No:	(If so please <u>atta</u>	ch a 13B VAT exemption form)
Do you have a Purchase Order Syst	em? (If so a	po <u>must</u> be provided	d prior to/at time candidate starts)
Accounts Payable Contact:		Tel:	
Accounts Payable email:			
Trade References:			
Company Name	Nature of Business	Contact	Phone No
1			
2		_	
This information may be used to support terms: We acknowledge your payment te payment interest charge will be applied or In the event of a permanent placement emp up to 4 weeks; 50% refund up to	rms are 30 days from date of inv all overdue invoices after 30 day	oice and agree to conform is and are charged in line nonths of commencement	n to this requirement. An additional late with the ECB daily rate. Refund Structure: , I acknowledge the following: 75% refund
I accept and agree to all the terms a	nd conditions outlined abov	/e.	
Signed on behalf of (Company):			
Signature: (A duly authorised office	er)	Print Name:	
Position:	Date:		
Signed on behalf of Sigmar Recruitm			
Office Use only:	TRC† CC† PO† VE† RC	AB+Date	