

PURCHASER REGISTRATION FORM



All details must be printed:

Company: _____

Day Number / XKO Number:

Full Name: _____

Address: _____

Town/City: _____

County: _____ Postcode _____

Telephone: _____

Mobile: _____

Email: _____

Financial Information

Sort Code: _____ Account N°: _____

Account Name: _____ VAT Reg N°: _____

I/we agree to abide by Brightwells Ltd conditions & special conditions of sale.
As an agent I agree to be responsible for the company I am representing.

Signature: _____

Name: _____ Date: _____

Brightwells office use:

Bankers Draft Deposit Taken

Notes: ID Taken

_____ Initials