

Client Update Form

Please can you complete & return the document to us, to ensure our Client information is up to date. This is in line with our Company Policy.

OFFICE USE ONLY

Date:	
Sales Manager Name:	Sales Area:
Sent in via email? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Your Company Details

Company Name: _____ Date:

Trading As (if different from above): _____

Date you Commenced Trading: Month Year

Address: _____

Town: _____

City: _____

County: _____

Postcode:

Telephone Number:

Fax Number:

Email Address: _____

Are you a Limited Company? Sole trader? Partnership?

If Limited Company, what is your Registration Number?

Are you Registered with?
PLEASE TICK

FENSA

CERTASS

CORGI

ASSURE

Member No: _____

Your website: www. _____

Default delivery address: _____

Contacts

Your Accounts Dept. Contact: _____ Accounts Email: _____

Accounts Telephone number:

Name(s) of persons in your company authorised to order windows from us:

Name _____	Telephone No. <input type="text"/>
Name _____	Telephone No. <input type="text"/>
Name _____	Telephone No. <input type="text"/>

Miscellaneous Information

Our delivery times are between 7am and 7pm.

Do you have any delivery time restrictions? Yes No

If Yes what are they? _____

Do you have a depot our lorries can deliver to? Yes No

Are there any parking or loading restrictions? Yes No

Please indicate the size of vehicle your premises may take:

Transit 7.5 – 18 Tonne Artic

Do you have a showroom? Yes No

Current supplier of vertical Sliders? _____

Anticipated number of windows required monthly

Are you a Retailer? Yes No

Are you a Trade Counter? Yes No

Are you a Manufacturer? Yes No

Receive news and updates from us via email? Yes No

Email to: sales@victoriansliders.co.uk



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