

ARTMEDIA

Account Setup Form

Please fill out all the fields and add any additional contacts that might assist us in servicing your account with us better.

Please sign, date and send a copy to: contact@artmedialondon.com

COMPANY NAME:

COMPANY REG. NUMBER:

VAT NUMBER:

MAIN CONTACT PERSON:

MAIN CONTACT ADDRESS:

MAIN CONTACT TELEPHONE:

MAIN CONTACT EMAIL:

BILLING CONTACT PERSON:

BILLING CONTACT ADDRESS:

BILLING CONTACT TELEPHONE:

ARTMEDIA

REFERENCE #1 (Name / Business)

REFERENCE #1 (Contact Details)

REFERENCE #2 (Name / Business)

REFERENCE #2 (Contact Details)

I confirm I have read and accept the Terms and Conditions of Sale, Service and Hire that apply to all transactions, copies of which have been made available to me. I am authorised to commit my organisation to the Terms and Conditions. Please note terms of payment is strictly 30 days after invoice date.

Print Name:

Print Position:

Signature:

Date:
