



NEW CUSTOMER/CHANGE OF DETAIL FORM

WHICH SERVICE DO YOU WISH TO USE? HALLMARKING <input type="checkbox"/> GEMMOLOGY LAB <input type="checkbox"/> ANALYTICAL LAB <input type="checkbox"/> VALUATIONS <input type="checkbox"/> ACADEMY <input type="checkbox"/>	
ARE YOU: NEW CUSTOMER <input type="checkbox"/> CHANGING DETAILS <input type="checkbox"/>	
COMPANY TYPE: LIMITED <input type="checkbox"/> SOLE TRADER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> HOBBYIST <input type="checkbox"/> STUDENT <input type="checkbox"/> GENERAL PUBLIC <input type="checkbox"/>	
COMPANY NAME:	COMPANY NUMBER:
BUSINESS ACTIVITY:	VAT NO:
INVOICE ADDRESS:	DELIVERY ADDRESS:
TELEPHONE NUMBER:	WEBSITE:
COMMUNICATION PREFERENCE: EMAIL <input type="checkbox"/> TELEPHONE <input type="checkbox"/> LETTER <input type="checkbox"/>	

PRIMARY CONTACT	
TITLE:	JOB TITLE:
FIRST NAME:	TELEPHONE NUMBER:
LAST NAME:	EMAIL:
EMAIL COMMUNICATION TYPE: INVOICE <input type="checkbox"/> ORDER ACKNOWLEDGEMENT <input type="checkbox"/> ORDER COMPLETE <input type="checkbox"/>	
PREFERRED PAYMENT TYPE: BACS/CHAPS <input type="checkbox"/> CREDIT/DEBIT CARD <input type="checkbox"/>	
PROMOTIONAL CODE:	SOCIAL MEDIA CONSENT: Please tick this box if you do not consent to us sharing any photography/videography of your item whilst at Birmingham Assay Office on our social media platforms <input type="checkbox"/>

Please note that:

- All email communication will be sent to the Primary Contact unless you instruct us otherwise.
- Payment must be made in full on your first order before work/results can be processed/released - please complete your preferred payment method. NB: Specific payment details will be advised when placing your order.
- If you would like to register for hallmarking with Assay Office Birmingham, please also complete the New Sponsor Registration Form.

PLEASE SIGN BELOW TO CONFIRM THE INFORMATION PROVIDED ON THIS FORM IS CORRECT AND THAT YOU AGREE TO OUR TERMS AND CONDITIONS

NAME	CUSTOMER SIGNATURE	DATE
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DO YOU WISH TO APPLY FOR CREDIT FACILITIES?: YES <input type="checkbox"/> NO <input type="checkbox"/>		
IF YES, PLEASE COMPLETE THE BELOW. PAYMENT TERMS STRICTLY 30 DAYS. BY APPLYING FOR A CREDIT ACCOUNT YOU CONSENT TO US UNDERTAKING A CREDIT REFERENCE CHECK.		
ACCOUNT CONTACT		
TITLE:	FIRST NAME:	LAST NAME:
TELEPHONE NUMBER:	EMAIL:	

PLEASE SIGN BELOW TO CONFIRM YOUR AGREEMENT TO PAYMENT TERMS OF 30 DAYS.

NAME	CUSTOMER SIGNATURE	DATE
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PLEASE SEND THE COMPLETED FORM TO CUSTOMERSERVICE@THEASSAYOFFICE.CO.UK