**INVOICING INFORMATION**

|  |  |
| --- | --- |
| **Category** (select one) | **Individual  Organisation** |
| **Full name** (Full trading name & legal status of organisation responsible for payment, or, if an individual, please provide full name) |  |
| **Web address** (if applicable) |  |
| **Parent company name**  (if applicable) |  |
| **VAT number** (if applicable, or National Insurance number, if registering as an individual) |  |

|  |  |
| --- | --- |
| **Billing address** |  |
| **Will you accept PDF invoices and statements by e-mail?** (select one) | **Yes**  **No** |
| **E-mail address for invoices** |  |
| **E-mail address for statements** |  |

|  |  |
| --- | --- |
| **Contact name at billing address** |  |
| **Position** |  |
| **E-mail address** |  |
| **Telephone number** |  |

|  |  |
| --- | --- |
| **Shipping address**  (if different from billing address) |  |
| **Contact name at shipping address** |  |
| **Position** |  |
| **E-mail address** |  |
| **Telephone number** |  |