

NEW CUSTOMER ACCOUNT INFORMATION – MUSIC ROOMS

NAME:		
INVOICE ADDRESS:		
TELEPHONE NO:	EMAIL:	MOBILE NO:
HOME ADDRESS (IF DIFFERENT FROM INVOICE ADDRESS)		
NAME/COMPANY RESPONSIBLE FOR PAYMENT:		
HOME PHONE:	EMAIL:	
MOBILE NO:		
PAYMENT REQUIRED VIA BACS - PLEASE SEE INVOICE FOR BANK DETAILS.		
CRB NO:		
PUBLIC LIABILITY INSURANCE NO:		
FIRST AID AT WORK CERTIFICATE (CURRENT)		
YES <input type="checkbox"/> NO <input type="checkbox"/>		
I/WE AGREE TO ABIDE BY THE TERMS & CONDITIONS OF HIRE WHICH I/WE HAVE READ AND UNDERSTOOD		
SIGNED:	DATE:	
NAME (BLOCK CAPITALS):		
POSITION:		
FOR & ON BEHALF OF:		