



REFUSEBODYDOCTORS

Your refuse vehicle solutions expert

REFUSEBODYDOCTORS LTD

20-22 Wenlock Road
London
England
N1 7GU

VAT No: 441421728

New Customer Registration Form

Introduction:

Welcome to Refuse Body Doctors Ltd. We are committed to building strong and efficient partnerships with our customers. Please complete this form to help us understand your business better and ensure a smooth collaboration. Note that our standard payment terms are 14 days from the receipt of invoice unless otherwise agreed.

Customer Details:

Contact Name:

Email Address:

Company Name:

Company Address:

Company Telephone Number:

Accounts Information:

Invoice Address (if different):

Accounts Contact Name:

Accounts Contact Email Address:

Accounts Contact Number:

Is a Purchase Order Required? Yes No

Company Information:

Company Status (Please tick one): Ltd Sole Trader Partnership Other:

Company Registration Number:



Payment Terms: Unless otherwise agreed, our payment terms are 14 days from the receipt of invoice.

Data Protection: Refuse Body Doctors Ltd is committed to protecting and respecting your privacy. The information you provide on this form will be used solely for the purpose of customer administration and to facilitate our business relationship. We will process and store your data in accordance with the General Data Protection Regulation (GDPR) and our company's Data Protection Policy. Your information will not be shared with third parties without your consent, except as required by law or as necessary for the purposes of our business relationship (e.g., for order processing and payment transactions).

By signing this form, you consent to the collection, use, and storage of your data as described above. You have the right to request access to, correction of, or deletion of your personal data held by us. For any inquiries or requests regarding your data, please contact info@refusebodydoctors.com

Acknowledgement: I hereby confirm that the information provided is accurate and complete to the best of my knowledge.

Signature:

Printed Name:

Date:

