

CORPORATE CLIENT DETAILS FORM

Full Name of Client:					
Registered Number:					
Place of Incorporation:					
Names of all directors / partners					
Registered Office: Postcode Country					
Trading Address: Postcode Country					
Billing Address (if different to Trading Address): Postcode Country					
Website Address:					
Type of Business:					
VAT Registration Number (EU Clients):					
Associated Companies (parent/subsidiary)					
Telephone Numbers:					
Fax Numbers:					
E-mail:					
Persons authorised to give us instructions and with whom we are authorised to communicate:					
Authorised Person Contact details	<table border="0"> <tr> <td>Direct Phone:</td> <td>Fax:</td> </tr> <tr> <td>Mobile:</td> <td>Email:</td> </tr> </table>	Direct Phone:	Fax:	Mobile:	Email:
Direct Phone:	Fax:				
Mobile:	Email:				
<u>Bank Details:</u> Name and address of Bank or Building Society: Account Number: Sort Code:					
<u>Credit Card Details</u>					
Type of Credit Card:					
Card Number:					
Start Date					
Expiry Date					
Card Security Number:					

Accountant's Details:	
Firm Name:	
Firm Address:	
Postcode	
Country	
Accountant contact person	
Accountant Contact Details:	Phone: _____ Fax: _____ Mobile _____ Email: _____
Specify any Communication Restrictions (if any)	
Brief description of Matter <i>(include all relevant details e.g. amount of debt, property address, name of business)</i>	
Details of other side (if any):	
Special Instructions (if any):	
By submitting this form:	
<ul style="list-style-type: none"> ▪ I confirm that I have read and agree to the Terms of Service attached. ▪ I confirm that I have read the engagement letter dated { } 2008 and the attached instruction sheet. ▪ #I hereby authorise you to debit my credit card specified above to pay your invoices 30 days after the date of the invoice unless I instruct otherwise. ▪ In accordance with paragraph 7 of the Terms of Service set out below I hereby undertake to indemnify Picton Howell LLP against non payment of any invoices by the Client. This indemnity applies in respect of all matters (including new instructions and engagements) undertaken by the Picton Howell LLP for the Client entity. I note that I can disclaim the above indemnity by written notice given to Picton Howell LLP with respect to all work undertaken not later than seven days after the notice of such disclaimer is received by Picton Howell LLP. 	<p>Signed.....</p> <p>Print name.....</p> <p>Position: Director</p> <p>Signed.....</p> <p>Print name.....</p> <p>Position: Director</p>
Dated200.....
Client ID Documents of Director / Partner provided	YES/NO
Picton Howell Fee Earner (PH to specify):	
Client Number (PH to specify):	