

## 30 DAY PAYMENT TERMS

Further to our telephone conversation between your \_\_\_\_\_ and our \_\_\_\_\_

On the \_\_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

We have the pleasure in confirming the supply of temporary labour.

We would be grateful if you could complete the following details and return to the above address:-

Full Company Name:

Limited Company:  Partnership:  Sole Trader :  (Please tick)

Invoice Address:

Post Code:

Telephone Number

Contact:

Accounts Manager:

Telephone Number if Different:

Registered Office Address if different from the above:

Postcode:

Principle(s) / Director(s)

Approximate staff:

Order Number:

Trading Since:

Other Company Name:

Company Registration Number:

Bank Name and Address:

Account Number:

Sort Code:

Date:

Authorized Signature:

Print Name:

