Giraffe

Account Setup Form

01 COMPANY DETAILS

COMPANY NAME

TRADING NAME (IF DIFFERENT)

BUSINESS TYPE - SELECT ONE

- ☐ Sole trader / sole proprietor
- ☐ Partnership
- ☐ Private limited company
- ☐ LLP / LLC
- ☐ Public company / PLC
- ☐ Other _____

COUNTRY OF REGISTRATION

STATE / REGION (IF APPLICABLE)

REGISTRATION NUMBER (IF APPLICABLE)

VAT / TAX NUMBER (IF APPLICABLE)

REGISTERED OFFICE ADDRESS

POSTCODE

COUNTRY

TRADING ADDRESS (IF DIFFERENT)

POSTCODE

COUNTRY

02 PRIMARY CONTACT

NAME

POSITION / ROLE

EMAIL

MOBILE

TELEPHONE

Giraffe

Account Setup Form

03 ACCOUNTS PAYABLE / ALTERNATIVE CONTACT

NAME

EMAIL

INVOICE EMAIL ADDRESS (IF APPLICABLE)

MOBILE

TELEPHONE

04 TRADE REFERENCES

Trade reference 1

COMPANY NAME

CONTACT NAME

EMAIL

CONTACT NUMBER

Trade reference 2

COMPANY NAME

CONTACT NAME

EMAIL

CONTACT NUMBER

RETURN COMPLETED FORM

Once completed, please return to sales@giraffecctv.com