**Client Registration Form.**

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| **First name:** |  |
| **Last name:** |  |
| **Job title:** |  |
| **Organisation name:** |  |
| **Company number (if appropriate):** |  |
| **Address:** |  |
| **Telephone number:** |  |
| **Fax number:** |  |
| **Email address:** |  |

|  |  |
| --- | --- |
| **Legal status of your organisation:** | **Tick** |
| Sole trader |  |
| Partnership |  |
| Limited liability partnership |  |
| Limited company |  |
| Unincorporated association |  |

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| **What does your organisation do?** | **Tick** |
| Provides goods only |  |
| Provides services only |  |
| Provides goods and services |  |

|  |  |
| --- | --- |
| **How did you hear about us?** | **Tick** |
| Search engine |  |
| Email |  |
| Social network |  |
| Advert |  |
| Leaflet or brochure |  |
| Recommendation |  |
| Other |  |

|  |  |
| --- | --- |
| **Would you like to join our mailing list?** | **Tick** |
| Yes |  |
| No |  |

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| --- |
| **I confirm that my organisation would like to register as a client of Bennett Williams Solicitors. I have authority to open a credit account and provide instructions on its behalf. I have read and accept your Terms & Conditions of Business.** |

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| --- | --- |
| **Full name:** |  |
| **Signed:** |  |

Please return this form to: mail@bennettwilliamssolicitors.com