

FORM 2

Please complete this form if you have never been invoiced by us and return it with your booking form. Thank you

For attention of: _____
 Company: _____
 Fax No: _____
 Date: _____

Chesterfield Royal Hospital 
 NHS Foundation Trust

CUSTOMER DETAILS REQUIRED ****URGENT****

Dear Customer,

We have documentation waiting to be actioned with yourselves, however, as a new customer we require the following information. I would therefore be grateful if you could complete the form below and return immediately.

Thanking you in anticipation.

Derbyshire Children's Community Training Team

INVOICING ADDRESS	REMINDER / STATEMENT ADDRESS
Company Name: _____	Company Name: _____
ORG code (NHS body) _____	
Co. Reg No: <table border="1" style="display: inline-table; width: 100px; height: 15px; vertical-align: middle;"></table>	Co. Reg No: <table border="1" style="display: inline-table; width: 100px; height: 15px; vertical-align: middle;"></table>
VAT No: <table border="1" style="display: inline-table; width: 100px; height: 15px; vertical-align: middle;"></table>	VAT No: <table border="1" style="display: inline-table; width: 100px; height: 15px; vertical-align: middle;"></table>
Address: _____ _____ _____	Address: _____ _____ _____
Post Code: <table border="1" style="display: inline-table; width: 80px; height: 15px; vertical-align: middle;"></table>	Post Code: <table border="1" style="display: inline-table; width: 80px; height: 15px; vertical-align: middle;"></table>
Telephone Number: <table border="1" style="display: inline-table; width: 150px; height: 15px; vertical-align: middle;"></table>	Telephone Number: <table border="1" style="display: inline-table; width: 150px; height: 15px; vertical-align: middle;"></table>
Fax Number: <table border="1" style="display: inline-table; width: 100px; height: 15px; vertical-align: middle;"></table>	Fax Number: <table border="1" style="display: inline-table; width: 100px; height: 15px; vertical-align: middle;"></table>
Email Address: _____	Email Address: _____
Contact Name _____	Contact Name _____
Signed: _____	Signed: _____
Position: _____	Position: _____
Date: <table border="1" style="display: inline-table; width: 80px; height: 15px; vertical-align: middle;"></table>	Date: <table border="1" style="display: inline-table; width: 80px; height: 15px; vertical-align: middle;"></table>

Return to :	FAO Amanda Young , DCCNT Team
Email: Dccnt.inbox@nhs.net	Chesterfield Royal Hospital, NHS Foundation Trust
Fax No: 01246 514424	Calow, Chesterfield, Derbyshire. S44 5BL
Any queries, please call Amanda Young on 01246 514511	

Customer Number: <table border="1" style="display: inline-table; width: 100px; height: 15px; vertical-align: middle;"></table>	Customer Group: _____
Invoice Type: _____	Customer Prefix: _____
Requested by: _____	Actioned by: _____
Date: <table border="1" style="display: inline-table; width: 80px; height: 15px; vertical-align: middle;"></table>	Date: <table border="1" style="display: inline-table; width: 80px; height: 15px; vertical-align: middle;"></table>