

New Customer Request Form

* All fields are mandatory.
* Forms should be completed electronically and returned via email to: ar@cumberland.gov.uk
* Please indicate how the invoice is to be sent out:

 Email: Post:

#  Section 1. Originator

Contact Name:

Details who requested the customer. This person will be contacted if any invoices remain unpaid

Full Contact Num:

Department:

 Section 2. Customer Details

Where the invoice will be sent

Customer Name:

Telephone Num:

Contact Name:

Email Address: Customer Address:

Postcode:

Section 3. Additional Details

Health Service Organisation

Volunteer Organisation

Other Public Bodies

Other Local Authority

General Goods / Services Schools (Cumberland)

Cumberland Council

Trust Fund

Prefix *(Tick One):*

Internal External

School (Cumberland Only)

Cumberland School (Internal Only)

Element *(Tick One):*

Organisation Category *(Tick One)*

Central Government

Registered Social

Cumberland Council

To be completed by AR Control Customer Num: