

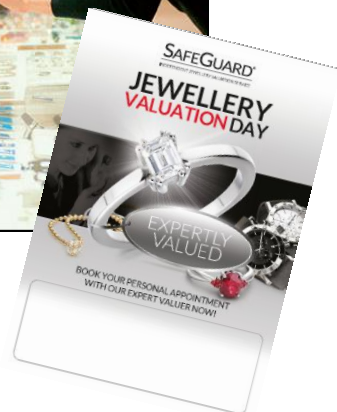


## Become a SafeGuard Retailer

If you would like to begin using the SafeGuard Valuation service then simply complete the two forms and return to SafeGuard.

Once your application is received you will then be sent any Point of Sale material you have requested to help you promote SafeGuard.

If you have any enquiries regarding becoming a SafeGuard Retailer please contact us on 0871 423 7922 or e-mail [safeguard@theassayoffice.co.uk](mailto:safeguard@theassayoffice.co.uk).

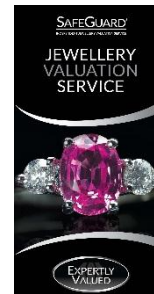




## POINT OF SALE MATERIAL ORDER FORM

To order your SafeGuard P.O.S. material please complete this form and return it by post or email at [safeguard@theassayoffice.co.uk](mailto:safeguard@theassayoffice.co.uk). Your material will be despatched by return, completely free of charge.

Please despatch the items requested below to:	
Contact Name:	
Company:	
Address:	
Postcode:	Telephone No:
Email:	



Description	Please tick
Sample Valuation	<input type="checkbox"/>
Retail leaflets – packed in 25's	<input type="checkbox"/>
Submission forms	<input type="checkbox"/>

Date: .....



# NEW TRADE CUSTOMER RECORD / CHANGE OF DETAILS FORM

SECTION 1 - YOUR DETAILS	
PLEASE TICK THE SERVICES YOU WISH TO USE:	
<b>ASSAY OFFICE BIRMINGHAM</b> HALLMARKING <input type="checkbox"/> ANCHORCERT GEM LAB <input type="checkbox"/> (DIAMOND/GEMSTONE/PEARL REPORTS) ANCHORCERT ANALYTICAL <input type="checkbox"/> (CHEMICAL TESTING - METALS & MATERIALS)	<b>SAFEGUARD QUALITY ASSURANCE LTD.</b> JEWELLERY & WATCH VALUATIONS <input type="checkbox"/>
ARE YOU: A NEW CUSTOMER <input type="checkbox"/> EXISTING CUSTOMER CHANGING DETAILS <input type="checkbox"/>	
COMPANY NAME:	COMPANY ACCOUNT NO: <small>(For current customers only)</small>
COMPANY TYPE: LIMITED <input type="checkbox"/> SOLE TRADER <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CHARITY <input type="checkbox"/>	REGISTRATION NO:
BUSINESS ACTIVITY:	VAT NO:
INVOICE ADDRESS:	DELIVERY ADDRESS: <small>(if different from Invoice Address)</small>
TEL NO:	WEBSITE:
PRIMARY CONTACT	
MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/>	FIRST NAME: LAST NAME:
JOB TITLE:	TEL / MOBILE:
EMAIL:	
ADDITIONAL CONTACT (IF REQUIRED)	
MR <input type="checkbox"/> MRS <input type="checkbox"/> MS <input type="checkbox"/>	FIRST NAME: LAST NAME:
JOB TITLE:	TEL / MOBILE:
EMAIL:	

**Please note that:**

- Payment must be made in full on your first order before work/results can be processed/released - please complete section 2 with your preferred payment method.  
NB: Specific payment details will be advised when placing your order.
- If you wish to apply for credit facilities for future trading, please also complete section 3 and your request will be processed and the outcome advised.
- If you would like to register for hallmarking with Assay Office Birmingham, please also complete the registration form/punch order form.

**AnchorCert Gem Lab / SafeGuard customers only**

Do you want to be listed on the "Find a retailer" page of our websites to help consumers locate you: Yes  No



# NEW TRADE CUSTOMER RECORD/CHANGE OF DETAILS FORM

## SECTION 2 - PREFERRED PAYMENT METHOD

CASH  CHEQUE  BACS / CHAPS

CREDIT/DEBIT CARD\*  CARD NO:

START DATE:  (if applicable) EXPIRY DATE:  3 DIGIT SECURITY NO:  (last 3 digits on back of card)

\*Your card details will be kept on file securely and used for any future repeat transactions. Cancellations of this authority must be provided to the company in writing and will be actioned immediately. By providing these details you agree to notify us of any changes to your account information 5 days prior to the next charge being made.

**PLEASE SIGN BELOW TO CONFIRM THE INFORMATION PROVIDED ON THIS FORM ARE CORRECT AND THAT YOU AGREE TO OUR TERMS & CONDITIONS:**

(T&C's available on [www.theassayoffice.co.uk/terms-and-conditions-of-business](http://www.theassayoffice.co.uk/terms-and-conditions-of-business) or at our Customer Services counter)

NAME: \_\_\_\_\_ CUSTOMER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## SECTION 3 - CREDIT ACCOUNT APPLICATION

**ONLY COMPLETE IF YOU WISH TO APPLY FOR CREDIT FACILITIES. PAYMENT TERMS STRICTLY 30 DAYS.  
PLEASE PROVIDE DETAILS FOR TWO TRADE REFERENCES WHOM WE MAY CONTACT.  
BY APPLYING FOR A CREDIT ACCOUNT YOU CONSENT TO US UNDERTAKING A CREDIT REFERENCE CHECK.**

TRADE REFERENCE 1		TRADE REFERENCE 2	
CONTACT NAME:		CONTACT NAME:	
COMPANY NAME:		COMPANY NAME:	
ADDRESS:		ADDRESS:	
POSTCODE:		POSTCODE:	
TEL NO:		TEL NO:	
EMAIL:		EMAIL:	
EXPECTED MONTHLY SPEND: £			

### CUSTOMER BANK DETAILS

ACCOUNT NAME:			
ACCOUNT NO:			
SORT CODE:			
BANK NAME:			
BANK ADDRESS:			
IBAN NUMBER:			
BIC NUMBER:		SWIFT ID:	

### ACCOUNTS CONTACT PERSON

MR  MRS  MS  FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_

TEL: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**PLEASE SIGN BELOW TO CONFIRM YOUR AGREEMENT TO PAYMENT TERMS OF 30 DAYS:**

NAME: \_\_\_\_\_ CUSTOMER SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICE USE ONLY	NAME	DATE
ORIGINATING DEPARTMENT		
ACCOUNTS AUTHORISATION		
CREDIT LIMIT		