

**Company Information Request – New Agency Registrations**

Please complete the following information and send by return e-mail to adminteam@trusthubpayroll.com

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| --- | --- |
| Company Name |  |
| Registered Address & Postcode |  |
| Invoicing Address & Postcode  (if different) |  |
| Company Registration Number | Certificate Included? |
| VAT Registration Number | Certificate Included? |
| Payroll Contact Name |  |
| Payroll Contact Email |  |
| Payroll Contact Tel |  |
| Accounts Contact Name |  |
| Accounts Contact Email (for invoicing) |  |
| Accounts Contact Tel |  |
| Do you operate a Purchase Order system? | Yes / No (delete as appropriate) |
| Payment Terms  \*Please note we will endeavour to pay workers on the same day invoices are settled providing we are in receipt of funds before 2pm | Please provide here if these are not stated in your assignment schedules / contracts |