

Supplier/Charity Application Questionnaire

Company/Charity Name	
Street Address 1	
Street Address 2	
City	
County	Postal Code
Country	
Email :	Internet Address:
Tel:	
Fax:	

Nature of Business and/or supplies:	
Age of Business & Year of Incorporation	
Registration Number:	
Name of contact within your organisation:	
Tel:	
Fax:	
Email:	

Complete this form in full and mail together with your company and product literature to:-

Acksen Ltd
42 University Road
Belfast BT7 1NJ
United Kingdom

Fax: +44 (0)870 225 1791

Email: suppliers@acksen.com