



NEW AUCTION SUPPLIER FORM

(Please fill in all fields that apply)

Company/Organisation Name:
Lead Contact Name:
Company Reg. No.
VAT Reg. No.
Supplier Address:
Payment Address (if different to Supplier Address):
Telephone:
Email Addresses for Reports: Finance & Invoicing: Collections: Data Processing:

FOR BACS PAYMENT - BANK & CONTACT DETAILS

Must be supported by bank details on company letterhead emailed with form

Bank Name:
Bank Address:
Bank Sort Code (if UK account):
Bank Account Number:
Bank Account Name:

Medical Auctions (BMA) Ltd trading as British Medical Auctions
Unit 1 | Sterling Centre | Eastern Road | Bracknell | RG12 2PW
Office +44 (0)1252 299024 | www.britishmedicauctions.co.uk

Registered Address: Unit 1 Sterling Centre, Eastern Road, Bracknell, RG12 2PW | Registration No: 9914912 | Vat No: 232 4255 37



Banking Ref (if applicable):
IBAN No.: (mandatory for all EC country payments to be made to a foreign bank)
Swift Code/BIC: (mandatory for ALL payments to be made to a foreign bank)
Currency Code:

Terms

For Seller's terms and conditions, please click [here](#)

Terms: 30 Days End of the Month Standard T&C (30 th of the month following auction closure)
Name:
Title:
Signed:
Dated:

For Office Use Only

Allocated Account Manager:	
Seller's Commission:	
Data Processing Rate:	
Transport Rate:	
Details Checked By:	
Seller Number Issued:	