



No-hiccups.com Limited
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INITIAL ASSESSMENT

Names Of Directors Or Proprietors

Contact Name For Correspondence

Company Name/Trading Title

Plc

Limited Company

Partnership

Sole Trader

Company Registration Number

Website Address

Address

Postcode

If Partnership or Sole Trader We Require The Home Address(es) And Phone Number(s), If Different. From Above

Telephone [Business]

[Fax]

[Mobile] 1

[Home]

[Mobile] 2

E-mail

Length of Time In The Industry

Date Business Established

Annual Turnover

Your Vat Number

Business Area / Radius

Nature Of Trading Activity (Include Details Of Any Specialist Area Within The Trade Category)

List Any Training / Qualifications

Has The Business Been In Any Legal Proceedings In The Last 3 Years?

Average No. Of Quotes Per Month

Average Conversion Rate

Have The Directors / Partners / Proprietors Or Any Companies They've Been A Director Of Ever Been Bankrupt Or Liquidated Or In Receivership?

If Yes , Please Enclose Full Details.

List Any Similar Bodies Or Trade Associations That You Belong To: -

Have You Been Expelled/Refused From Any Organisations?

May We Inspect A Completed Contract Now Or At A Future Date?

Public / Employers Liability Insurance Details: -

Insurers Name

Renewal Date

Policy Number

Premium

CUSTOMER SATISFACTION SURVEY

Please Include Contact Names, Postcodes And Telephone Numbers

1. Company		Contact Name	
Address		Telephone No.	
2. Company		Contact Name	
Address		Telephone No.	
3. Company		Contact Name	
Address		Telephone No.	
4. Company		Contact Name	
Address		Telephone No.	
5. Company		Contact Name	
Address		Telephone No.	
6. Company		Contact Name	
Address		Telephone No.	
7. Company		Contact Name	
Address		Telephone No.	
8. Company		Contact Name	
Address		Telephone No.	
9. Company		Contact Name	
Address		Telephone No.	
10. Company		Contact Name	
Address		Telephone No.	
11. Company		Contact Name	
Address		Telephone No.	
12. Company		Contact Name	
Address		Telephone No.	