

Registration Form

Company Name:	
Registered Address:	
Postcode: Tel No:	
Email:	
FGas Registration No:	
Companies house or VAT Registration number:	
Distributor Account number:	
Distributor Branch:	
Kindly return the completed form to either your distributor or our administrator	
 Please attach the following documents to your re A copy of your FGas certificate 	egistration;
Signed:	Date:
Print Name:	Position:
By signing the above, I confirm I have the authority to sign on behalf of my company and wish to join the Fujitsu Approved Contractor Scheme – Infinity Partner	
We would like to send you further information regarding promotions on the scheme and updates regarding our product. Kindly confirm if you are happy to receive communications from us via email, phone and post regarding the Fujitsu Comfort Club, Approved Contractor Scheme as well as any Fujitsu Marketing material	
Consent can be withdrawn at any time by infinitypartner@fgac.fujitsu-general.com	y emailing our administrator on
☐ I provide my consent ☐	I do not provide my consent

