



Urban System registration Form

Upon completion - Please email to both:
amanda@elitelabelsltd.co.uk
urbanteam@elitelabelsltd.co.uk

COMPANY INFORMATON	
COMPANY NAME	
URBAN VENDOR NUMBER	
COMPANY TELEPHONE NUMBER	
COMPANY ADDRESS <i>(PLEASE INCLUDE UNIT NUMBER)</i>	
COMPANY POSTCODE	
DELIVERY LOCATION (MORE THAN ONE CAN BE USED)	
COMPANY NAME	
CONTACT NAME	
TELEPHONE NUMBER	
DELIVERY ADDRESS <i>(PLEASE INCLUDE UNIT NUMBER)</i>	
LOCATION POSTCODE	
COMPANY NAME	
CONTACT NAME	
TELEPHONE NUMBER	
DELIVERY ADDRESS <i>(PLEASE INCLUDE UNIT NUMBER)</i>	
LOCATION POSTCODE	
COMPANY NAME	
CONTACT NAME	
TELEPHONE NUMBER	
DELIVERY ADDRESS <i>(PLEASE INCLUDE UNIT NUMBER)</i>	
LOCATION POSTCODE	

SYSTEM USER INFORMATION	
<small>(more than one may be used, but must have different email address)</small>	
TITLE - MR/MISS/MRS/OTHER	
FIRST NAME:	
SURNAME:	
TELEPHONE NUMBER:	
EMAIL ADDRESS:	
TITLE - MR/MISS/MRS/OTHER	
FIRST NAME:	
SURNAME:	
TELEPHONE NUMBER:	
EMAIL ADDRESS:	
TITLE - MR/MISS/MRS/OTHER	
FIRST NAME:	
SURNAME:	
TELEPHONE NUMBER:	
EMAIL ADDRESS:	
TITLE - MR/MISS/MRS/OTHER	
FIRST NAME:	
SURNAME:	
TELEPHONE NUMBER:	
EMAIL ADDRESS:	