



INFINITY
PARTNER



COMFORTCLUB

Registration Form

Company Name: _____

Registered Address: _____

Postcode: _____ Tel No: _____

Email: _____

FGas Registration No: _____

Companies house or VAT Registration number: _____

Distributor Account Number: _____

Distributor Branch Name (if Applicable): _____

******Please check******

Customers are required to have either attended training in the last 12 months or be booked for training in advance of applying. Please ensure either your certificates of training or a request form are attached to this application

Kindly return the completed form to either your distributor or our administrator

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 both the Fujitsu Comfort Club rewards scheme and Infinity Partner approved contractor scheme

We would like to send you further information regarding promotions on the schemes 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 Communications

Consent can be withdrawn at any time by emailing peter.emanuel@fsw.uk.com

I provide my consent

I do not provide my consent

