

Section 1a: Your details	Section 1b: Delivery address					
Title (Mr / Miss / Ms / Mrs): Date of birth: First name: Last name:	Please provide a delivery address where someone can sign for the study materials during business hours Monday-Friday:					
Maiden name (if applicable):						
Address:						
Town:	Postcode:					
Postcode:	Section 1c: Previous qualifications					
Home tel no: Work tel no:	Please provide details of any relevant qualifications within accounts:					
Mobile no:						
Email home:	Section 1d: Where did you hear about Premier Training?					
Email work:						
Section 2: Course details: (Please note the AAT exam fees are <u>not</u> included in the	e course fees)					
Level 2 Certificate in Accounting: £699 Level 3 Diploma in Accounting: £749 Level 4 Diploma in Accounting: £799						
Level 4 Diploma in Accounting optional units - please choose two from the follows:	owing five units:					
1. Credit Control 2. External Auditing 3. Cash Manageme	ent 4. Personal Tax 5. Business Tax Decide later					
Please include my AAT Fees of £129.00 (includes £41 Admission and £88 Annual	Membership for students new to AAT*)					
* If you have already registered with the AAT please ensure that; your membersh that you are now studying with Premier Training. Our approved assessment centre.	ip is up to date, you are registered on the correct qualification and inform the AAT recode is BH1788.					
Postage and Packaging (please tick) UK:	Overseas: £49*					
*Please note if delivery is not in the UK mainland the P&P is a quote and we will d	confirm the final amount of P&P due when the delivery address has been confirmed.					
Fruther reading: Frenk Woods Dusiness Assertation Volume	me 1: £43.99 Volume 2: £43.99					
Further reading: Frank Woods Business Accounting Volu	me 1: £43.99 Volume 2: £43.99					







Section 3: Student / Employers	authorisation If you	wish Premier Training to invo	ice your employer for th	e course fees please complete	this section:	
Company name:		С	ompany address:			
Postcode:						
I/We are responsible for payme to this agreement. I/We underscancellation of course.				•		
Name:	Position:	Sign	ature:	Date:		
Section 3a: Student / Employers authorisation: I/we have read/heard and agree to the Terms & Conditions						
Section 4: Method of payment						
On receipt of invoice (paya	able within 7 days of re	eceiving the invoice)				
BACS (bank details will fol	llow if selected)					
By cheque for the amount of £ (Please make cheques payable to Premier Training)						
By credit/debit card (Please do not provide your card details. For security reasons we will contact you via telephone for these.)						
Section 4: For office use only –	to be completed if pay	ing by instalments				
Instalment 1: £	Date:	Instalment 2: £	Date:	Instalment 3: £	Date:	
Instalment 4: £	Date:	Instalment 5: £	Date:	Instalment 6: £	Date:	
Instalment 7: £	Date:	Instalment 8: £	Date:	Instalment 9: £	Date:	
Instalment 10: f	Date:	Instalment 11: £	Date:	Instalment 12: £	Date:	
Section 5: For office us only						
Order taken by:	Date:	Processed by:	Date:	Sage ref:	Inv No:	
Send your enrolment form either by post: Premier Training, Prince Henry Drive, Queens Road, Immingham, DN40 1QY – Alternatively you can fax it to: 01469 572349 or scan and email to: info@premiertraining.co.uk						

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