

# CUSTOMER DETAILS

This form should be completed and returned to:

Solution Management Ltd (High St)  
Ferryview  
Grantown Rd  
FORRES  
IV36 2PG

We need these details to process your application, without it, we won't know where to forward your High.St email! Your information will not be passed to any third party and we will not contact you except to notify you about changes to the service. We encourage you to review our Privacy Statement, which is available on-line.

Your Name: .....

Shop/Premises Name: .....

Address: (No., Street) .....

Town, County/State .....

Post Code / Zip Code: .....

Telephone Number: .....

Fax Number\*: .....

Current Email Address: .....  
(this is where your High.St mail will be sent)

Desired High.St email address: .....  
(in the form of: ShopName@YourTown.High.St – replacing ShopName and YourTown with names appropriate for you)

Web Site Address\*: .....

Briefly, what type of goods or services do you provide?\*

*Thank you.*

We suggest you enclose this form along with your Standing Order request.

In submitting to this form, you are agreeing to the Terms and Conditions. If you have not viewed these, then we suggest you do at: [www.High.St/terms.php](http://www.High.St/terms.php)

\* These fields are optional, all other fields are required.