

NEW CUSTOMER ACCOUNT FORM

NAME:		TRADING NAME:	
INVOICE ADDRESS:		DELIVERY ADDRESS:	
POSTCODE:		POSTCODE:	
TELEPHONE NUMBER:		TELEPHONE NUMBER:	
ACCOUNTS CONTACT:		BUYER CONTACT:	
INVOICE DEPARTMENT EMAIL:		EMAIL:	
GOODS IN DEPARTMENT EMAIL:		TYPE OF ORGANISATION:	
TRANSPORT DEPARTMENT EMAIL:		<input type="checkbox"/> Sole Trader <input type="checkbox"/> Limited	
COMPANY REG NO:		<input type="checkbox"/> Plc <input type="checkbox"/> LLP	
DATE OF REGISTRATION:		Guarantee Company non-profit	
VAT REGISTRATION NO:			
MONTHLY CREDIT REQUIRED: £		SUBSIDIARIES:	
OWN/RENT PREMISES:		SUBSIDIARIES: HEIGHT RESTRICTIONS FOR DELIVERIES:	
OPENING TIMES:		SUBSIDIARIES: HEIGHT RESTRICTIONS FOR DELIVERIES: ADDITIONAL COMMENTS:	
<input type="checkbox"/> Class A (ARTIC) <input type="checkbox"/> Class B (RIDGID)			
<input type="checkbox"/> Class C (7.5 TONNE) <input type="checkbox"/> Class D (VAN)			
<input type="checkbox"/> TAIL LIFT REQUIRED			

TRADE REFERENCE

NAME:		TEL NO:		FAX NO:	
ADDRESS:					
		POSTCODE:		COUNTRY:	
		POSTCODE:		COUNTRY:	

I/We undertake to settle My/Our account within your Terms:

SIGNATURE:		STATUS:	
		DATE:	

FOR COMPLETION BY WHM PET GROUP LIMITED SALES/CREDIT CONTROL:

ESTIMATED ANNUAL BUSINESS VALUE: £	CREDIT LIMITED: £	CREDIT TERMS:
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Received by Credit Department:	Reviewed by Credit Department:	CHANNEL TO MARKET (PLEASE SELECT ONE)	1) Country Store 2) Discount 3) Garden Centre 4) Grocery 5) Wholesale 6) Online 7) Retail Pet
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Please return completed account forms back to your local sales representative.