

COMPANY ADDRESS	DELIVERY ADDRESS
COMPANY NAME:	COMPANY NAME:
ADDRESS:	ADDRESS:
POST CODE:	POST CODE:
TELEPHONE NUMBER:	CONTACT NAME:
FAX NUMBER:	TELEPHONE NUMBER:
WEBSITE:	FAX NUMBER:

COMPANY STATUS & DETAILS	
LIMITED COMPANY / PARTNERSHIP / OTHERS	
TYPE OF BUSINESS:	
CATALOGUE MEMBER:	
VAT NUMBER:	REGISTRATION NUMBER:
DIRECTOR:	PROPRIETOR/PARTNER:
ADDRESS:	ADDRESS:
POST CODE:	POST CODE:
NUMBER OF EMPLOYEES:	ESTABLISHED:

BUYING CONTACT	ACCOUNTS CONTACT
NAME:	NAME:
TELEPHONE NUMBER:	TELEPHONE NUMBER:
EXTENSION:	EXTENSION:
EMAIL:	EMAIL:

TRADE REFERNCE 1	TRADE REFERENCE 2
NAME:	NAME:
ADDRESSSS:	ADDRESS:
POST CODE:	POST CODE:
TELEPHONE NUMBER:	TELEPHONE NUMBER:
FAX NUMBER:	FAX NUMBER:

AMOUNT OF CREDIT REQUIRED
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FOR OFFICE USE ONLY

*I have read, understand and agree to abide by the terms & conditions as shown overleaf.*

CUSTOMER SIGNATURE	UNITED BRANDS OF SCANDINAVIA SIGNATURE
SIGNATURE:	SIGNATURE:
PRINT:	PRINT: