

Viking Way, Erith, Kent DA8 1EW  
Tel: 01322 443143  
E-Mail: accounts@nevilleuk.com



**DISTRIBUTOR APPLICATION FORM**

Date:

Thank you for your recent application to become a distributor for Nevilles products. To enable us to proceed please complete the following and sign accepting our trading terms on the reverse. Please return this form along with a sheet of your business letter heading.

Please note that filling in this form does not entitle you to becoming a distributor of Nevilles products. We will consider your application & advise you within 48 hours if you have been successful.

**The minimum spend for consideration to become a distributor is £10,000 per annum**

All distributors will be started on a **pro-forma basis**. After a period and subject to satisfactory trading and company credit information distributors will be considered for a credit account.

Company or Limited Name: .....

Trading name (if applicable) .....

Trading address: .....

.....

..... Post code .....

Tel No: ..... Fax No:.....

Web Site Address:.....

Invoice address (if different).....

.....

..... Post code .....

Tel No: ..... Fax No:..... Mobile .....

Primary Delivery Address .....

.....

..... Post code .....

Tel No: ..... Fax No:..... Mobile .....

**(Limited Companies only:**

Ltd. Co. registration no: .....

Registered office: .....

VAT number: .....

**(Sole traders only:**

Full name of sole trader.....

Full address of sole trader .....

.....

.....

**Contacts:**

**Purchasing:** Name ..... Position:.....

Email address: ..... Tel No: .....

**Accounts:** Name ..... Position:.....

Email address ..... Tel No: .....

**Sales:** Name ..... Position:.....

E-mail address: ..... Tel No: .....

Nature of business: .....

.....

How many years trading: ..... Annual Turnover .....

**References Details:**

Bank details ..... Account No ..... Sort code .....

Name: .....

Address: .....

.....

**Trading References**

Company Name: .....

Address: .....

..... Post Code: .....

Tel No: ..... Fax No: .....

Company Name: .....

Address: .....

..... Post Code: .....

Tel No: ..... Fax No: .....

Where did you hear of Neville UK plc. ....

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**If a partnership or limited company please complete the following details:**

Full Name and address of each partner or director:

Name Address

1 .....

.....

2 .....

.....

3 .....

.....

4 .....

.....

5 .....

.....

**Please attach an additional sheet with the above information if necessary.**

I have read your terms of trading and payment, which are available at [www.nevilleuk.com](http://www.nevilleuk.com) and agree that the trade or business detailed overleaf will be bound by them. The person, firm or company on whose behalf this application is made will settle all outstanding accounts accordingly.

I agree to abide by the above trading terms: Signed .....

Print: .....

For and on behalf of .....

I accept the above trading terms: Signed .....

Print: .....

For and on behalf of .....

**For Nevilles Use Only**

Payment Terms.....

Currency.....

Price Band.....

**Approved By**

Sales .....

Finance.....