

NEW CREDIT CUSTOMER ACCOUNT FORM

ALL ITEMS IN **BOLD** ARE COMPULSORY

PLEASE FILL IN BLOCK CAPITALS

| | | | | |
|--|--|--|---|--------------|
| First Name: <input style="width: 90%;" type="text"/> | (Mr/Mrs/Ms.) | <input style="width: 90%;" type="text"/> | <small>Office use only</small> Requested by: | Customer No. |
| Surname*: <input style="width: 90%;" type="text"/> | | <input style="width: 90%;" type="text"/> | <small>Entered into system by:</small> | |
| Business Name*: <input style="width: 100%; height: 25px;" type="text"/> | | | | |
| No. of years trading : <input style="width: 50px;" type="text"/> | Position: <input style="width: 80%;" type="text"/> | | | |
| Company Registration: <input style="width: 250px;" type="text"/> | | | | |
| Address: <input style="width: 95%; height: 25px;" type="text"/> | Telephone: <input style="width: 80%;" type="text"/> | | Mobile: <input style="width: 80%;" type="text"/> | |
| <input style="width: 95%; height: 25px;" type="text"/> | Fax: <input style="width: 80%;" type="text"/> | | | |
| Postcode: <input style="width: 150px;" type="text"/> | Email: <input style="width: 70%;" type="text"/> | | | * |

*Please tick if you **do not** want to receive details of our special offers

| BUSINESS DETAILS | SPECIALIST | CUSTOMER TYPE | ORDER METHOD | PAYMENT METHOD |
|--|------------------------------------|---|---------------------------------|---|
| Food/grocery retail <input type="checkbox"/> | AFRICAN <input type="checkbox"/> | CREDIT & CARRY <input type="checkbox"/> | FAX <input type="checkbox"/> | CASH <input type="checkbox"/> |
| Conven Store/CTN <input type="checkbox"/> | CARIBBEAN <input type="checkbox"/> | DELIVERED <input type="checkbox"/> | PHONE <input type="checkbox"/> | CHEQUE <input type="checkbox"/> |
| Wholesaler <input type="checkbox"/> | ASIAN <input type="checkbox"/> | EXPORT <input type="checkbox"/> | REP <input type="checkbox"/> | DIRECT BANKING <input type="checkbox"/> |
| Market Trader <input type="checkbox"/> | EUROPEAN <input type="checkbox"/> | OTHER <input type="checkbox"/> | E-MAIL <input type="checkbox"/> | BACS <input type="checkbox"/> |
| Caterering/Café <input type="checkbox"/> | ORIENTAL <input type="checkbox"/> | | | PAY TO REP <input type="checkbox"/> |
| Pub/Club <input type="checkbox"/> | OTHERS <input type="checkbox"/> | | | PAY TO DRIVER <input type="checkbox"/> |
| Off Licence <input type="checkbox"/> | | | | <input type="checkbox"/> |
| Export/Import <input type="checkbox"/> | | | | <input type="checkbox"/> |
| Guest House/Hotel <input type="checkbox"/> | | | | <input type="checkbox"/> |
| Other (specify) <input style="width: 80%;" type="text"/> | | | | <input type="checkbox"/> |

| PRICE TYPE | CREDIT TERMS (DAYS) | CREDIT LIMIT (£) | OTHER A/C'S WITH WANIS |
|--------------------------|---|--------------------------|--------------------------|
| <input type="checkbox"/> | 15 <input type="checkbox"/> 21 <input type="checkbox"/> 28 <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OWNER/DIRECTOR'S FULL NAME*

Private address:

Home tel:

SPECIFIC DETAILS - timings, notes, terms, etc.

Wanis Rep Responsible:

Office use only
All three required.

Proof of identity
 Proof of address
 Proof of business address

* Wanis reserves the right to ask for trade references in addition to documentary evidence of trading and to searches with a credit reference agency, which will keep a record of that search. We may also make enquiries about the directors, shareholders or proprietors with a credit reference agency.

I, the undersigned, confirm the above details are accurate & I will be **personally liable for any unpaid amounts, returned cheques** written by me or on behalf of this account & admin charges against my account/s. Title to all goods remains with Wanis until payment is cleared in full. By signing this form I agree to abide by Wanis' current terms and conditions of trade at all times.

Signature:

The UK's Largest **Date:**
Afro Caribbean Food Specialist