

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"/>	Office use only Requested by:	Customer No.
Surname*: <input style="width: 90%;" type="text"/>		<input style="width: 90%;" type="text"/>	Entered into system by:	
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: 90%;" type="text"/>	Telephone: <input style="width: 90%;" type="text"/>			
<input style="width: 90%;" type="text"/>	Mobile: <input style="width: 90%;" type="text"/>			
<input style="width: 90%;" type="text"/>	Fax: <input style="width: 90%;" type="text"/>			
Postcode: <input style="width: 150px;" type="text"/>	Email: <input style="width: 250px;" 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 type="checkbox"/>				<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