



CUSTOMER NUMBER

ENTERED BY:

# CUSTOMER ACCOUNT APPLICATION

PLEASE COMPLETE IN FULL USING BLOCK CAPITALS.

BUSINESS NAME

COMPANY REGISTRATION NUMBER

BUSINESS ADDRESS

POSTCODE

PRIVATE ADDRESS

POSTCODE

BUSINESS TEL.  HOME

MOBILE  FAX

E-MAIL ADDRESS

BUSINESS TYPE. TICK WHERE APPLICABLE. NUMBER OF YEARS TRADING?

GROCERY RETAIL  CATERER  PUB / CLUB  OFF LICENCE

WHOLESALE  IMPORT / EXPORT  MARKET TRADER  HOTEL / GUEST

OTHER - SPECIFY

CUSTOMER TYPE. TICK WHERE APPLICABLE.

CASH & CARRY  DELIVERED  EXPORT  COLLECTION

OWNER'S / DIRECTOR'S FULL NAME

PRIVATE ADDRESS

POSTCODE

DATE OF BIRTH  /  /  HOME TEL.

WANIS RESERVES THE RIGHT TO REQUEST TRADE REFERENCES IN ADDITION TO ANY DOCUMENTS PROVIDED AND TO TAKE ANY CREDIT REFERENCES DEEMED NECESSARY REGARDING THE DIRECTOR(S), SHAREHOLDER(S) OR PROPRIETOR(S) AND SUCH INFORMATION MAY BE STORED. THE APPLICANT'S SIGNATURE BELOW HEREBY AUTHORIZES

ANY SUCH SEARCHES AND THE APPLICANT AGREES TO ABIDE BY ALL TERMS AND CONDITIONS OF WANIS LIMITED THAT FROM TIME TO TIME MAY BE IN FORCE.

I, THE UNDERSIGNED, CONFIRM THAT ALL THE ABOVE DETAILS ARE CORRECT AND THAT I WILL BE PERSONALLY LIABLE FOR ANY UNPAID AMOUNTS OR RETURNED CHEQUES WRITTEN BY ME OR ON BEHALF OF THE ACCOUNT(S) AND FOR ANY ADMINISTRATIVE CHARGES IN RESPECT OF MY ACCOUNT(S). TITLE TO ALL GOODS REMAIN WITH WANIS

LIMITED UNTIL PAYMENT IS CLEARED IN FULL

APPLICANT'S SIGNATURE  POSITION   
DATE

PRINT NAME

OFFICE USE ONLY. TICK WHERE APPLICABLE.

PROOF OF IDENTITY  PROOF OF ADDRESS  PROOF OF BUSINESS ADDRESS

DOCUMENTS CHECKED / APPLICATION ENTERED BY