

C|O|E GROUP

APPLICATION FOR OPENING A DISTRIBUTOR ACCOUNT

DISTRIBUTOR ACCOUNT FACILITIES ARE GRANTED ON THE UNDERSTANDING OF OUR 'DISTRIBUTOR AGREEMENT' WHICH ARE PRINTED SEPARATELY AND SHOULD BE SIGNED BY BOTH PARTIES. THIS FORM SHOULD BE SIGNED AND RETURNED FOURTEEN DAYS FROM RECEIPT.

CONTACT NAME:
TRADING NAME:

INVOICE ADDRESS:
.....

COMPANY REG NO: VAT NO:.....

TELEPHONE NO: EMAIL

DELIVERY ADD:
(IF DIFFERENT)
.....

HOW LONG TRADING UNDER THE ABOVE NAME?

NAME OF DIRECTORS/PROPRIETORS:
.....

CREDIT LIMIT REQUIRED:

TRADE REFERENCE: 1.....
..... TEL NO:

2.....
..... TEL NO:

BANKERS:
.....

WE HAVE READ AND AGREE TO ABIDE BY THE DISTRIBUTOR AGREEMENT SIGNED SEPARATELY BY BOTH PARTIES.

SIGNED:

POSITION HELD:

DATE: