

Register Number:

Please complete all sections in block capitals.

Section 1

Trading name	<input type="text"/>		
Shop Address	<input type="text"/>		
Shop Postcode	<input type="text"/>	Telephone Number	<input type="text"/>
Mobile Number	<input type="text"/>	Email Address	<input type="text"/>
I am: (tick appropriate box)	Owner of the premises <input type="checkbox"/>	A Tenant	<input type="checkbox"/>

Section 2

Please provide details of your Bank and Solicitor.

Your Bank's name and your local branch	<input type="text"/>		
Your Bank's local branch address	<input type="text"/>		
Your Bank's Postcode	<input type="text"/>		
Your Account Name	<input type="text"/>	Sort Code	<input type="text"/>
Your Solicitor's name	<input type="text"/>		
Name and address of your Solicitor's Firm	<input type="text"/>		
Your Solicitor's Postcode	<input type="text"/>		

If you currently hold an account with Menzies Distribution or another wholesaler, or if you have held such an account in the past, please provide details below:

Section 3

Please provide details about the structure of your business.

Description of your Business (please tick)		
Franchise	<input type="checkbox"/>	Please complete only Part A of this section, below
Licensed Manager	<input type="checkbox"/>	
PLC	<input type="checkbox"/>	Please complete only Part B of this section, below
Limited Company	<input type="checkbox"/>	
Sole Owner	<input type="checkbox"/>	Please complete only Part C of this section, below
Partnership	<input type="checkbox"/>	

Part A: Franchises and Licensed Managers only

Please print your full name Date of Birth

If you have partners, please provide their full names Date of Birth

Please provide your home address

Please provide your home postcode Please provide your home Telephone Number

If you have been resident at the above address for less than 2 years, Please provide your previous home address

Please provide your previous home postcode



Are you responsible for paying our account? (Y/N)

If not, please provide below the full details of the Person who is responsible for paying our account.

Full name

Date of Birth

Home address

Home postcode

Telephone Number

Please proceed to section 4

Part B: PLC and Limited Companies only

Company Name

Contact Name

Office Address

Office postcode

Telephone Number

Company Registration Number

Registered Office Address

Registered Office postcode

Telephone Number

Please proceed to section 4

Part C: Sole Traders and Partnerships only

Please print your full name Date of Birth

Please provide your home address

Please provide your home postcode Please provide your home Telephone Number

I am: (tick appropriate box) Homeowner A Tenant

If you have been resident at the above address for less than 2 years, Please provide your previous home address

Please provide your previous home postcode

If you are a Partnership, please attach a separate sheet giving the above details for all of your partners in the business.

Please proceed to section 4

Section 4

Notices from Menzies Distribution:

1. Before signing below, you should carefully read our Terms and Conditions of Supply.
2. Menzies Distribution may, in the course of processing this application, obtain a report on you or your business from a commercial credit reference agency.
3. Where more than one national newspaper Wholesaler serves an area, any application shall be regarded as an application to all national newspaper Wholesalers in that area. Where applicable the details contained herein will be passed on to the appropriate national newspaper Wholesaler(s) to ensure that a representative range of titles will be handled.
4. As a Wholesaler, Menzies Distribution has a responsibility to ensure that our retail customers are committed to providing a quality news service. Successful applicants will be encouraged to adopt a selection of minimum quality standards relating to display, merchandising, publisher promotions, shop identification, trading hours, the provision of marketing information and support for delivered copy and shop saves.

Minimum Sales Value (MSV):

Your attention is drawn particularly to **Clause 3(A)** of our Terms and Conditions of Supply, which explains the company's **Minimum Sales Value** policy.

Your MSV will be:

Carriage Service Charge (CSC):

Your attention is drawn particularly to **Clause 3(B)** of our Terms and Conditions of Supply, which explains the company's **Carriage Service Charge** policy.

Your CSC will be:

Credit Risk Control:

Your attention is drawn particularly to **Clause 3(C)** of our Terms and Conditions of Supply, which explains the company's **Credit Risk Control** policy.

The Deposit required from you will be:

Section 5

By signing below, you agree that:

1. You have read, understand and agree to our Terms and Conditions of supply.
2. You have read, understand and agree to all of the notices contained in Section 4 above - particularly those concerning **Minimum Sales Value, Carriage Service Charge and Credit Risk Control.**
3. In the case of a business being carried on by a Company, you have completed our standard Guarantee and Indemnity form if we have so required.
4. All signatories below are jointly and severally liable for all obligations of this Applicant to Menzies Distribution Limited.

Applicant and all Partners must sign below

<p>Signature <input style="width: 150px; height: 25px;" type="text"/> Date of Birth <input style="width: 50px; height: 25px;" type="text"/></p> <p>Print Name <input style="width: 150px; height: 25px;" type="text"/> Date <input style="width: 50px; height: 25px;" type="text"/></p>	<p>Signature <input style="width: 150px; height: 25px;" type="text"/> Date of Birth <input style="width: 50px; height: 25px;" type="text"/></p> <p>Print Name <input style="width: 150px; height: 25px;" type="text"/> Date <input style="width: 50px; height: 25px;" type="text"/></p>
<p>Signature <input style="width: 150px; height: 25px;" type="text"/> Date of Birth <input style="width: 50px; height: 25px;" type="text"/></p> <p>Print Name <input style="width: 150px; height: 25px;" type="text"/> Date <input style="width: 50px; height: 25px;" type="text"/></p>	<p>Signature <input style="width: 150px; height: 25px;" type="text"/> Date of Birth <input style="width: 50px; height: 25px;" type="text"/></p> <p>Print Name <input style="width: 150px; height: 25px;" type="text"/> Date <input style="width: 50px; height: 25px;" type="text"/></p>
<p>Signature <input style="width: 150px; height: 25px;" type="text"/> Date of Birth <input style="width: 50px; height: 25px;" type="text"/></p> <p>Print Name <input style="width: 150px; height: 25px;" type="text"/> Date <input style="width: 50px; height: 25px;" type="text"/></p>	<p>Signature <input style="width: 150px; height: 25px;" type="text"/> Date of Birth <input style="width: 50px; height: 25px;" type="text"/></p> <p>Print Name <input style="width: 150px; height: 25px;" type="text"/> Date <input style="width: 50px; height: 25px;" type="text"/></p>



For Menzies Distribution Ltd use only:

Date Application Received

Date Supplies Commenced

Retail Classification Code

Retail Location Code

Retail Multiple Code (if applicable)

BP Number

URN

Branch Application Number

MSV Level

Branch Manager Comments:

Branch Manager Signature

Branch Manager Print Name

Branch Name

Date