

Section 2: Your bank and solicitor

Please provide details of your bank and solicitor. Under the code you will receive supplies valued at the minimum entry level. We will be obtaining a report from a commercial credit reference agency to cover the eventuality of excess supplies now or in the future.

Bank

Bank name	
Branch	
Address	
Town/city & postcode	
Account name	
Sort code	

Solicitor

Name of firm	
Solicitor's name	
Address	
Town/city & postcode	
Account name	
Sort code	

Section 3: About the structure of your business

Are you (please tick one box):

Franchise	<input type="checkbox"/>	Please complete part A of this section
Licensed Manager	<input type="checkbox"/>	
PLC	<input type="checkbox"/>	Please complete part B of this section
Limited Company	<input type="checkbox"/>	
Sole Trader	<input type="checkbox"/>	Please complete part C of this section
Partnership	<input type="checkbox"/>	

Part A – Franchises and Licensed Managers only

1. Please print your full name:

Surname	First names	Date of birth

2. If you have a partner/s, please provide their full names:

Surnames	First names	Dates of birth

3. Please provide your home address and telephone number

Address	
Town/city & postcode	

4. If you have lived here for less than 2 years please give us your previous address:

Address	
Town/city & postcode	

5. Are you responsible for paying our account?

Yes No

6. If no, please tell us who will be:

Surname	
First names	
Address	
Town/city & postcode	
Telephone	

Please go to section 4.

Part B – PLCs and Limited Companies only

1. Company details

Company name	
Contact name	
Office address	
Town/city & postcode	
Telephone	
Fax	

2. Registered office

Company Registration Number	
Registered office address	
Town/city & postcode	
Telephone	
Fax	

Please go to section 4.

Part C – Sole Traders and Partnerships only

1. Please print your full name:

Surname	First names	Date of birth

2. Please provide your home address and telephone number:

Address	
Town/city & postcode	
Telephone	
Property ownership	<input type="checkbox"/> Owner <input type="checkbox"/> Tenant

4. If you have lived here for less than 2 years please give us your previous home address:

Address	
Town/city & postcode	

Please go to section 4.

Section 4: Important notes and Statements

Important notes

1. Before signing below, you should carefully read our Terms and Conditions of Business with our Customers.
2. Our decision to supply will be based on your satisfying the provisions of the code. We reserve the right to terminate supplies if any of the details are false.
3. Where more than one 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 wholesaler(s) to ensure that a representative range of titles will be handled.

Statements

1. I have read and agree the Terms and Conditions of Business with our Customers.
2. I understand there is a guaranteed minimum net weekly charge which is set at the minimum entry level and which is to be paid each week.
3. I understand a deposit will be required as follows:
 - a) For supplies of newspapers the deposit will be three times the minimum entry level
 - b) For magazines the deposit will be three times one week's target sales.
4. I have read the notes entitled application for news supply and understand the commitment expected of me.
5. In the case of a business being carried on by a Limited Company, in consideration of supplies being made by Menzies Distribution Ltd and/or their successors to the Limited Company. I/We hereby jointly and severally guarantee payment and agree to pay all such sums as may be due to Menzies Distribution Ltd in so far as the same may from time to time remain outstanding.

Signature		Date of birth	
Name		Date	

All partners must sign

Signature		Date of birth	
Name		Date	

Signature		Date of birth	
Name		Date	

Signature		Date of birth	
Name		Date	

Please complete the map on the next page.

Section 5: Customer's sketch map of supply application point

Please provide a local street map or sketch map for the area with ½ mile in all directions from your trading premises.

Please show your position with an asterisk (*)

If your trading pattern is significantly influenced by hours of local factory, school, hospital, etc., please mark this on the map and detail the resulting peak times below:

For Menzies Distribution use only

Date application received	
Date supplies commenced	
Retail classification code	
Retail location code	
Retail multiple code (if applicable)	
Branch application number	
Minimum entry level requirement	
Branch manager comments	
Branch manager signature date	