

Change of Agency (form C)

Please complete all sections in BLOCK CAPITALS.

Part A: Existing customer

To be completed by the existing customer.

I/We propose to transfer the News agency known as:

Shop name	
Shop address	
Town/city & postcode	
Telephone	
Menzies Distribution customer ref no	

New customer

New customer's name	
Transfer date	

Forwarding address of outgoing agent

Forwarding address	
Town/city & postcode	
Telephone	

It is acknowledged the transfer is subject to my / our Accounts being settled in full – and to Menzies Distribution Ltd in full.

Signature		Date	
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Part B: New customer's details

To be completed by new customer.

Trading name	
Transfer date	
Shop address	
Town/city & postcode	
Telephone	
Proprietor's home address (if different from above)	
Town/city & postcode	
Telephone / mobile no	
Statement address (if a company)	
Town/city & postcode	

Business information

Please tick type of business

Franchise			
Licensed Manager			
PLC		Company registration no	
Limited Company			
Sole Trader			
Partnership			

Multiple use only

Store grade	
Size of display	
Store ref no	
Multiple code (<i>Menzies Head Office use only</i>)	

Part C: References, bank and solicitor's details

References

Please provide two trade references.

	Reference 1	Reference 2
Reference name		
Address		
Town/city & postcode		
Telephone		

Bank and solicitor

	Bank	Solicitor
Name		
Address		
Town/city & postcode		
Account name		

Part D: Acknowledgements

You acknowledge that you have read the Terms & Conditions upon which you will accept supplies of Titles (as defined in the said Terms & Conditions). Your attention is drawn in particular to Clause 8 (B) which sets out the way in which payment is to be made and also Clause 13 whereby you will be responsible for any outstanding debts as at the date you start accepting supplies of Titles and therefore you are strongly advised to ensure that all outstanding debts due to Menzies Distribution Ltd from the person from whom you are acquiring the agency are settled before the change of agency.

You acknowledge that you have reads the Industry Code of Practice for the Supply of National Newspapers. Your attention is drawn in particular to Clause 2 whereby you may be responsible for achieving a guaranteed minimum net weekly charge which shall be set at the Minimum Entry Level.

Signature		Date of birth	
Name		Date	

Signature		Date of birth	
Name		Date	

Signature		Date of birth	
Name		Date	