

SUPPLIER APPLICATION

Company name:	VAT / Reg no:
Address:	
City:	
Post Code:	
Country	
Phone:	Fax:
Contact name:	
Email:	
Website:	

Start year:	No of employees:
--------------------	-------------------------

Supplier of:

What payment terms do you offer:

What currency do you trade in:

Terms and Conditions: [htt://www.creativedistribution.co.uk/terms.pdf](http://www.creativedistribution.co.uk/terms.pdf)

We hereby confirm that we have read and understand Creative Distributions terms and conditions and agree to comply therewith

Signature: _____

PLEASE RETURN THIS FORM BY EMAIL OR FAX:
craig@creativedistribution.co.uk / 0044 208 664 3467