



KENT CHILLI SHOP

Wholesale Application Form

COMPANY NAME	
REGISTRATION NUMBER (IF APPLICABLE)	
VAT REGISTRATION NUMBER	
WEB ADDRESS	
ADDRESS LINE 1	
ADDRESS LINE 2	
ADDRESS LINE 3	
TOWN/CITY	
COUNTY/STATE	
POSTAL/ZIP CODE	
POINT OF CONTACT NAME	
TITLE	
DIRECT TELEPHONE	
E-MAIL ADDRESS	
<i>I understand that all invoices are on a Pro Forma Basis therefore no Credit Facility will be available on orders. In addition, I acknowledge that all orders are subject to stock availability and products advertised may not always be available. Please check with Kent Chilli Shop staff prior to making an order.</i>	
AUTHORISING PERSONS SIGNATURE	
PRINT NAME	
POSITION	
DATE	