**WICSTUN DISTILLERY**

**TRADE ACCOUNT APPLICATION FORM**

**Email the completed form to sales@wicstun-distillery.co.uk**

**Sales - 01430 411060**

|  |  |
| --- | --- |
| Wicstun Account Number  (Wicstun Distillery use only) |  |

|  |  |
| --- | --- |
| Date of Application |  |
| Company Name |  |
| Legal Status  (Ltd, Sole trader, Partnership) |  |
| Business Type (Retail / Wholesale / Restaurant / Bar) |  |
| AWRS Number  (if applicable) |  |
| Registered Address  Town  Post Code |  |
| Delivery Address  Town  Post Code |  |
| VAT Number |  |
| Company number |  |
| Main telephone number |  |
| Main email |  |
| Website |  |
| Main contacts name |  |
| Main contacts email |  |
| Main contacts Phone |  |
| Main contacts mobile number |  |
| Accounts department main contact |  |
| Accounts department email |  |
| Accounts department phone number |  |
| Credit limit requested |  |
| Payment terms requested |  |
| Trade Reference company |  |
| Trade reference email |  |
| Trade Reference phone number |  |
| Trade reference contact person |  |
| Directors Names |  |
| Notes | |

|  |  |
| --- | --- |
| Name of authorised person completing the application form |  |
| Signature |  |
| Date |  |

As copy of the form will be retained and is liable to be inspected by HMRC