



KAYTIE WU

APPLICATION FOR OFFICIAL RETAILER

Please fill out both pages of the form, and post to Kaytie Wu, 1 Wessex Park, Wessex Road, Bourne End, SL8 5DT, or scan and email to trade@kaytiewu.com; For any query, please contact kW, tel 020 33975880 or by email.

BUSINESS INFORMATION

Contact Persons title and Name:

Company name:

Phone:

Fax:

E-mail:

Company Registration No:

VAT Registration No:

Registered company address:

City:

County:

Post Code:

Date business commenced:

Sole proprietorship:

Partnership:

Limited Company:

Other:

TRADING INFO

Annual turnover:

Number of Sites:

Number of employees:

Trading on Website? If yes, the web address:

Top three main product range in sales:

Retail floor space in total square feet:

Top three product category in sales:

Any additional info to support your application;

CREDIT INFORMATION

Primary trading address(if different from registered):

| | | |
|--------------|----------------|-------------------|
| City: | County: | Post Code: |
|--------------|----------------|-------------------|

How long at current address?

| | | |
|-------------------|-------------|----------------|
| Telephone: | Fax: | E-mail: |
|-------------------|-------------|----------------|

Bank name:

| | |
|----------------------|---------------|
| Bank address: | Phone: |
|----------------------|---------------|

| | | |
|--------------|----------------|-------------------|
| City: | County: | Post Code: |
|--------------|----------------|-------------------|

| | |
|-------------------------|------------------------|
| Type of account: | Account number: |
|-------------------------|------------------------|

BUSINESS/TRADE REFERENCES

Company name:

Address:

| | | |
|--------------|---------------|------------------|
| City: | State: | ZIP Code: |
|--------------|---------------|------------------|

| | | |
|---------------|-------------|----------------|
| Phone: | Fax: | E-mail: |
|---------------|-------------|----------------|

Type of account:

Company name:

Address:

| | | |
|--------------|---------------|------------------|
| City: | State: | ZIP Code: |
|--------------|---------------|------------------|

| | | |
|---------------|-------------|----------------|
| Phone: | Fax: | E-mail: |
|---------------|-------------|----------------|

Type of account:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Supamax Ltd TA Katie Wu to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

| | |
|--------------|---------------|
| Name: | Title: |
|--------------|---------------|

| | |
|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|