



WICKED VISION STOCKIST SET UP FORM.  
(ALL DETAILS MUST BE COMPLETED)

Company name: \_\_\_\_\_

Contact name: \_\_\_\_\_

Address: \_\_\_\_\_

Address2: \_\_\_\_\_

Town: \_\_\_\_\_

County: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone 1: \_\_\_\_\_

Telephone 2: \_\_\_\_\_

Fax: \_\_\_\_\_

Sales email address: \_\_\_\_\_

Website: www. \_\_\_\_\_

Delivery Address: (if different from above) \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Accounts contact: \_\_\_\_\_

Telephone: \_\_\_\_\_

Account email address: \_\_\_\_\_

VAT number: \_\_\_\_\_

Bank name: \_\_\_\_\_

Bank address: \_\_\_\_\_

Sort code: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Account number: \_\_\_\_\_

Account name: \_\_\_\_\_

Payment terms: 30 days net – first order proforma

\_\_\_\_\_