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WICKED VISION STOCKIST SET-UP FORM

(All details must be completed)

COMPANY NAME			
CONTACT NAME			
ADDRESS			
LANDLINE TELEPHONE			
MOBILE TELEPHONE			
FAX			
EMAIL ADDRESS			
WEBSITE			
DELIVERY ADDRESS (if different from above)			
ACCOUNTS CONTACT			
ACCOUNTS TELEPHONE			
EMAIL FOR INVOICING			
VAT NUMBER			
BANK NAME			
BANK ADDRESS			
SORT CODE			
ACCOUNT NUMBER			
ACCOUNT NAME			
PAYMENT TERMS	First payment pro forma, subsequent orders 30 days		
EXTRA INFORMATION			