



STOCKIST APPLICATION

BUSINESS INFORMATION

Company Name		Trade Name (if applicable)	
Registered Address			
Town/City	County / State	Post / Zip Code	Country
Telephone	Fax	Website	Email Address
Shipping Address (if different from Registered Address)			
Town/City	County / State	Post / Zip Code	Country

ABOUT YOUR BUSINESS

Please tick all which apply:

Retail Outlet <input type="checkbox"/>	Mail Order <input type="checkbox"/>	Online <input type="checkbox"/>	Mobile (Shows & Events) <input type="checkbox"/>
Number of Stores		How many stores will stock Neue Schule products	
Limited Company <input type="checkbox"/>	Sole Trader <input type="checkbox"/>	Partnership <input type="checkbox"/>	Other <input type="checkbox"/> (Please Specify) _____
Company Registration Number	VAT Number	Number of employees	
Date Established	Years at current location		
Names of persons authorised to place orders	1 -		
	2 -		
	3 -		

Trade References (Please provide 2 references – equine distributors or manufacturers only)

1 – Name	Acct #	Address	Telephone	Email
2 – Name	Acct #	Address	Telephone	Email

STOCKIST PRINCIPAL / AUTHORISED CONTACT

Name	
Position in Company	
Email address	
Direct Telephone	

CUSTOMER DECLARATION

I, the undersigned, accept the Conditions of Sale of Neue Schule Limited and agree to the incorporation of the Conditions of Sale into all contracts for the purchase of products from Neue Schule Limited.

In consideration thereof, it is agreed and understood that (1) the undersigned is an authorised agent of the applicant and is duly empowered to enter into and make binding agreements on its behalf; (2) all amounts charged to this account are payable in full with the terms of sale established for the account; (3) all payments shall be made to Neue Schule Limited.

Name	Signature	Date

DATA PROTECTION

The data given herein will be held and processed in accordance with European data protection standards. We may use that data for the purposes of communication, informing you of trade news, marketing, canvassing your thoughts, administration, and security purposes. We will not sell, share or give the above information to anyone outside the Neue Schule group of companies without your explicit consent or unless the law permits or requires us to do so. By submitting your personal information you consent to the processing of your personal data as set out above and you confirm that the information on this form is accurate and complete.

Please complete and return this Neue Schule Stockist Application form via email to sales_team@nsbits.com or via fax to 0844 66 44 610 (UK Stockists) / +44 1642 711 211 (International Stockists).

FOR OFFICE USE

Approved <input type="checkbox"/>	Declined <input type="checkbox"/>	Actioned by	Date
Account #	Account Opened <input type="checkbox"/>	Payment Details to be held <input type="checkbox"/>	