



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 |
| | | | |
| Invoice Address (if different from Registered 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"/> |
| Bitting Service (Advice & Fitting) <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 - | 4 - | | |
| 5 - | 6 - | | |



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 within the terms of sale established for the account; (3) all payments shall be made to Neue Schule Limited; (4) it is accepted that a minimum of 30 (*thirty*) bits must be purchased during each calendar year (*1st January – 31st December*) to maintain an operational, active account; (5) at least one employee must be retained as the in-house Neue Schule product expert; (6) at least one employee must complete the Neue Schule online training program and attend a Training Day at Neue Schule Limited's headquarters within 3 (*three*) months of notification of account opening; (7) if operating a biting service, including advice & fitting, I agree to provide a bit hire service to my clients.

| 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@nsbits.com or via fax to +44 (0) 844 66 44 610**

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"/> | |
| | | | |

