



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"/>
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	
EORI Number (for businesses in the EU)		XI Number (for businesses in Northern Ireland)	
Date Established	Years at current location	Number of employees	
Name(s) of person(s) authorised to place orders			
1 -		2 -	
3 -		4 -	



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 (when dates are available).

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"/>	

