



Keplin Group Limited

Distributor Account Application Form

Please fill out this application completely and return it to our accounts manager

Please Submit Application to:

Email: info@keplin-group.com

Phone: 0204 511 4390

General Business Information (Complete all fields.)	
Legal Business Name	Parent/Affiliated Companies (if applicable)
Business Name:	Business Name:
Street Address:	Street Address:
City:	City:
Phone #:	Phone #:
Web Address:	Web Address:
Company Registration Number:	VAT Number:
Type of Business:	
Years in Business:	
Annual Turnover:	
Do you have a holding company?	
Names of Owners, Partners or Officers:	
Name:	
Title:	
Phone:	
Email:	
Registered Office Address:	
Invoice Address (if different from above):	
Warehouse Address (if different from above):	

Bank Details:

Bank Address:

Sort code:

Account Number:

Credit Requested £:

Are Purchase Orders Used? Yes No

Name of person responsible for purchasing: Telephone: Email:

Name of person responsible for accounts payable: Telephone: Email:

Name of person responsible for warehouse operations: Telephone: Email:

Please list all of your selling outlets, stores & online marketplaces

I authorise Keplin Group Limited to open a trade account in our name:

Signature:

Name:

Position in company:

Date: