



HORNER SHEARING

DISTRIBUTOR APPLICATION FORM

1. About Your Business

Registered Business Name

Trading Name (if different from Registered Business Name)

Commercial Address

Company website

Email address

Telephone:

Mobile:

Brief description of what the business does.

Company Registration Number

VAT Registration Number

If you are a sole trader, self-employed or a partnership, please provide Principal Name(s) of person or people involved.

UKIMS (Northern Ireland only)

Trading Start Date

We'd love to hear more about your business so we can tailor your experience. Let us know what you do, what you're looking to source, or if you're simply exploring what we offer.

How do you trade? (tick all that apply)

Retail/shop premises

Online

Wholesaler

Other (please specify)

2. Who to Contact

What is your role? (e.g sales or accounts)

First Name:

Contact Number:

Surname:

Email Address:



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3. About Your Account

We use proforma invoices for new accounts. Once we have established a trading history, we would be happy to review your account and discuss agreeing suitable credit terms. You can also pay securely on our website or by BACS, bank, or card.

If requesting a credit account, please tell us your preferred credit limit.

£

Do you hold stock?

Yes No

Do you attend trade shows?

Yes No

Do you distribute a catalogue?

Yes No

4. Trade References

Reference 1 Name

Reference 2 Name

Address

Address

Email

Email

Phone

Phone

5. Acceptance of Terms & Conditions

By applying for an account and signing below, you confirm you accept our Terms & Conditions.

Print Name:

Position:

Signature:

Date:



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