

Please complete all sections in block capitals, Fields marked with * are mandatory and the application cannot be processed without these details.

Section 1

*Trading Name	<input type="text"/>		
*Shop Address	<input type="text"/>		
*Shop Postcode	<input type="text"/>	*Shop Telephone Number	<input type="text"/>
Mobile Number	<input type="text"/>	Email Address	<input type="text"/>
*I am: (tick appropriate box)	Owner of the premises:	<input type="checkbox"/>	A Tenant <input type="checkbox"/>

Section 2

If you currently hold an account with Menzies Distribution, or if you held such an account in the past, please provide the details below:

Date you would like supplies to commence _____

Section 3

Please provide details about the structure of your business

Description of Business (please tick)*	
Limited Company	<input type="checkbox"/> Please complete only Part A of this section, below
Sole Owner	<input type="checkbox"/> Please complete only Part B of this section, below
Partnership	<input type="checkbox"/>

Part A: Limited Companies only

Company Name			
Contact Name			
Office Address			
Office Postcode		Telephone Number	
Company Registration Number			
VAT Registration Number			
Registered Office Address			
Registered Office postcode		Telephone Number	
Company Directors' Home Address Incl Postcode			

Please proceed to section 4

Part B: Sole Traders and Partnerships only

Please print your full name			Date of Birth	
Please provide your home address				
Please provide your home postcode		Please provide your home Telephone Number		
I am: (tick appropriate box)	Home Owner:		A Tenant	
If you have been resident at the above address for less than 2 years, Please provide your previous home address				
Please provide your previous home postcode		If you are a Partnership, please attach a separate sheet giving the above details for all of your partners in the business.		

Expected Annual Turnover with Menzies Distribution Ltd (approx.): £

Section 4**Notices from Menzies Distribution:**

1. Before signing below, you should carefully read our Terms and Conditions of Supply.
2. Menzies Distribution may, in the course of processing this application, obtain a report on you or your business from a commercial credit reference agency.
3. Where more than one national Wholesaler services an area, any application shall be regarded as an application to all national newspaper Wholesalers in that area. Where applicable the details contained herein will be passed on to the appropriate national newspaper Wholesaler(s) to ensure that a representative range of titles will be handled.
4. As a Wholesaler, Menzies Distribution has a responsibility to ensure that our retail customers are committed to providing a quality news service. Successful applicants will be encouraged to adopt a selection of minimum quality standard relating to display, merchandising, publisher promotions, shop identification, trading hours, the provision of marketing information and support for delivered copy and shop saves.

Minimum Sales Value (MSV):

Your attention is drawn particularly to **Clause 3(A)** of our Terms and Conditions of Supply, which explains the company's **Minimum Sales Value** policy.

Your MSV will be:
(Note:-MSV is calculated on
National Newspapers only)

£235.32

PER WEEK

Carriage Service Charge (CSC):

Your attention is drawn particularly to **Clause 3(B)** of our Terms and Conditions of Supply, which explains the company's **Carriage Service Charge** policy.

Your CSC will be:

£45.96

PER WEEK

Credit Risk Control:

Your attention is drawn particularly to **Clause 3(C)** of our Terms and Conditions of Supply, which explains the company's **Credit Risk Control** policy.

POINT TO NOTE – Where the account is to be set up as a Limited Company, we will run a credit search on the company and if it is deemed to be “high risk” we will require an increased deposit.

The Deposit required
from your will be:

£1000.00

Deposit can be paid by sending a cheque/Bankers Draft made payable to Menzies Distribution Ltd and enclosing with the application or you can pay by Debit/Credit card.

Please indicate how you would like to pay:-

- Enclosed Cheque/Bankers Draft
 Debit Card Payment
 Credit Card Payment

Please advise best contact number to call if paying by Debit/Credit Card _____

Section 5

By signing below, you agree that:

1. You have read, understand and agree to our Terms and Conditions of supply.
2. You have read, understand and agree to all the notices contained in Section 4 above – particularly those concerning **Minimum Sales Value, Carriage Service Charge and Credit Risk Control**
3. In the case of a business being carried on by a Company, you have completed our standard Guarantee and Indemnity form if we have so required.
4. All signatory below are jointly and severally liable for all obligations of this Applicant to Menzies Distribution Limited.

***Applicant must sign below**

***For Partnerships ALL Partners must sign below and for Limited Companies at least one Director or Company Secretary must sign below**

<p>Signature <input style="width: 150px; height: 25px;" type="text"/> Date of Birth <input style="width: 50px; height: 25px;" type="text"/></p> <p>Print Name <input style="width: 150px; height: 25px;" type="text"/> Date <input style="width: 50px; height: 25px;" type="text"/></p>	<p>Signature <input style="width: 150px; height: 25px;" type="text"/> Date of Birth <input style="width: 50px; height: 25px;" type="text"/></p> <p>Print Name <input style="width: 150px; height: 25px;" type="text"/> Date <input style="width: 50px; height: 25px;" type="text"/></p>
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<p>Signature <input style="width: 150px; height: 25px;" type="text"/> Date of Birth <input style="width: 50px; height: 25px;" type="text"/></p> <p>Print Name <input style="width: 150px; height: 25px;" type="text"/> Date <input style="width: 50px; height: 25px;" type="text"/></p>	<p>Signature <input style="width: 150px; height: 25px;" type="text"/> Date of Birth <input style="width: 50px; height: 25px;" type="text"/></p> <p>Print Name <input style="width: 150px; height: 25px;" type="text"/> Date <input style="width: 50px; height: 25px;" type="text"/></p>

MEMBERSHIP TO THE NATIONAL FEDERATION OF RETAIL NEWSAGENTS - NFRN

To benefit from the NFRN's unstinting support as well as money saving benefits and services, simply tick the box below where we offer membership of the NFRN. The NFRN understand the challenges facing independent retailers and this has enabled them to build a fantastic portfolio to help you build and maintain a profitable and successful business.

If you tick this box Menzies Distribution will begin collecting your weekly fee of £5.95 + VAT, on behalf of the NFRN and arrange for your local NFRN rep to call and provide you with more detail.

Menzies Distribution Ltd
Verdant, 2 Redheughs Rigg
South Gyle
Edinburgh
EH12 9DQ

Instruction to your Bank
 or Building Society to pay
 by Direct Debit

Please fill in the whole form in ball point pen and send it to the above address


Trading Name:	Originator's Identification Number 8 0 0 0 4 2					
Trading Address:	Reference Number (for office use only)					
	Instruction to your Bank or Building Society Please pay Menzies Distribution Ltd Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Menzies Distribution Ltd and, if so, details will be passed electronically to my Bank/Building Society					
Menzies Customer Number:						

Bank Account Information

Name of Account Holder (Ltd Company Name if Ltd Bank account)												
Address Bank Account is Registered at												
Bank/Building Society Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Branch Sort Code	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>						
Name and full postal address of your Bank/Building Society	Signature (s)											
To: The Manager Bank/Building Society												
Address (incl Postcode)							Print Names (s)					
							Date					

Banks and building Societies may not accept Direct Debit instruction for some types of account

This guarantee should be detached and retained by the Payer


<p>The Direct Debit Guarantee</p> <p>This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.</p> <p>If the amounts to be paid or the payment dates change Menzies Distribution Ltd will notify you 6 working days in advance of your account being debited or as otherwise agreed.</p> <p>If an error is made by Menzies Distribution Ltd or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.</p> <p>You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.</p>

Please complete the following details where applicable.

PLEASE NOTE IF THIS FORM IS NOT RETURNED YOUR OPENING TIME WILL BE SET AT 08:00

	Mon-Fri	Sat	Sun
Shop Opening Times			
Shop Closing Times			

Please state any exceptions, e.g. early closing, late opening etc

What time do you make your first counter sale?

	Mon-Fri	Sat	Sun

Do you have a secure area for receipt of your newspaper supplies (e.g. a security bin) YES / NO

If YES please provide details on location, access etc

	Mon-Fri	Sat	Sun
Number of Delivery Rounds?			

If you have delivery rounds, what type of system do you operate?

MANUAL BOOKKEEPING / COMPUTERISED / OTHER

	Mon-Fri	Sat	Sun
What time do you commence preparing delivery rounds?			

	Mon-Fri	Sat	Sun
How many staff prepare your delivery rounds?			

	Mon-Fri	Sat	Sun
Number of minutes taken to prepare all your delivery rounds?			

	Mon-Fri	Sat	Sun
What time does your first delivery leave your premises?			

Are there any particular local factors that affect the early sale of newspapers in your shop?
E.g. Proximity to local school, factory etc.

Taking into consideration all the above information, by what time must you receive your newspaper delivery from your wholesaler?

Mon-Fri	Sat	Sun

Shop Type		Location
Convenience	CTN	Neighbourhood
Grocery/General Store	Major Store	Urban
Petrol Forecourt	Roundsman	Rural
Seasonal	Street Point/Kiosk	Town Centre
Supermarket	Travel Point	Other
University	Misc.	