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KINDRED SPIRIT NEW STOCKIST REQUEST

I would like to become a Kindred Spirit stockist.

Name of business: _____

Ltd Co. Registration number: _____

Business address:

Name of owner (or person responsible for the bill) _____

Head Office / Home address:

Phone number - Business: _____ Home: _____

E.Mail : _____

Quantity magazines required (min 8) _____

Statements to Shop /Head Office/ Home: _____

Invoices to: _____

Credit notes to: _____

Signature: _____ Date: _____

For office use only

Stockist code _____ Excheq _____ Comm. _____ C/box _____ Laminate/stand _____