

Sales Contact



Please complete the form and email us at - accounts@ghazidistribution.com or send it to the address at the bottom of the form.

www.ghazidistribution.com

Company Details

Company Name	<input type="text"/>	Account Contact	<input type="text"/>
Contact Name	<input type="text"/>	Account Contact email	<input type="text"/>

Company Address

Street Address	<input type="text"/>		
Town	<input type="text"/>	County	<input type="text"/>
Postcode	<input type="text"/>	Country	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
Registered Office	<input type="text"/>		

Director / Partners / Sole Proprietors Details

Name	<input type="text"/>	Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>

Limited Company Details

Company Registration number	<input type="text"/>	VAT No#	<input type="text"/>
Nature of Business	<input type="text"/>		
Years in trading	<input type="text"/>	Retail Mode	<input type="text"/>
Website	<input type="text"/>		

Trade References

Company Name	<input type="text"/>	Contact	<input type="text"/>
Email address	<input type="text"/>	Tel#:	<input type="text"/>
Company Name	<input type="text"/>	Contact	<input type="text"/>
Email address	<input type="text"/>	Tel#:	<input type="text"/>

Agreement

By signing this form, I hereby acknowledge that I have read and understand the terms and conditions ([available to download on our website](#))

Name	<input type="text"/>	Signature	<input type="text"/>
Name	<input type="text"/>	Signature	<input type="text"/>
		Date	<input type="text"/>