

CUSTOMER INFORMATION FORM FOR WICKED HABITS LTD

Full name of customer: _____ Date of birth _____

Registered company name: _____

Trading name (if different to registered name): _____

Physical Address: _____

Postal address (if different to physical address): _____

Telephone: _____ Fax: _____ Email: _____

No. of years trading: _____

Type of business (please circle as appropriate):

Company Partnership Sole operator Individual Other (please state): _____

If Company:

Directors: _____

Managing or principal director: _____ Company secretary: _____

Shareholders: _____

If Partnership:

Name of partnership: _____

Date of commencement of partnership: _____

Full names of partners: _____

Managing or principal partner: _____

Residential address of managing partner: _____

If Sole operator:

Full name of operator: _____

Residential address: _____

If Other (please provide details): _____

Bankers: _____ Accountants: _____

Credit references: (must be suppliers of other products you sell)

Company	Phone Number	Fax Number

Authorisation is given by the customer to make such enquiries as may be considered appropriate for the purposes of assessing the suitability or acceptance of the customer's trading and credit standing including enquiries to the bankers and accountants of the customer.

Name of person completing this form: _____ Date: _____