



QD Commercial  
Group Holdings Ltd.  
Cherry Lane House  
112 Barrack Street  
Norwich NR3 1TX  
Tel: 01603 275200

# SUPPLIER APPLICATION FORM

New suppliers to QD Commercial Group Holdings Limited must complete a Supplier Application Form. By signing this form where indicated, you are agreeing to accept the QD Supplier Terms & Conditions.

## 1 COMPANY DETAILS:

Company Name	<input type="text"/>	Contact Name	<input type="text"/>
Company Address	<input type="text"/>	Contact Tel No.	<input type="text"/>
	<input type="text"/>	Contact Fax No.	<input type="text"/>
Date Established	<input type="text"/>	Contact Mobile	<input type="text"/>
<input type="text"/> DD <input type="text"/> MM <input type="text"/> YY	Postcode <input type="text"/>	Contact Email	<input type="text"/>

## 2 ACCOUNTING DETAILS:

IF DIFFERENT FROM ABOVE

Address	<input type="text"/>	Contact Name	<input type="text"/>
	<input type="text"/>	Contact Tel No.	<input type="text"/>
	<input type="text"/>	Contact Fax No.	<input type="text"/>
Postcode	<input type="text"/>	Contact Email	<input type="text"/>

## 3 SUPPLIER DETAILS:

Please indicate what type of business supplier relationship you intend to have with QD Commercial Group Holdings Limited.

Contract Business	<input type="checkbox"/>	if ticked go to	4
Stock Business	<input type="checkbox"/>	if ticked go to	5
Contract & Stock Business	<input type="checkbox"/>	if ticked go to	5

## 4 CONTRACT BUSINESS:

If you are going to be supplying QD Commercial Group Holdings Limited on a Contract basis, please answer the following questions:

a) Do you agree to supply pre-production samples on demand?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) Do you agree to supply production progress reports on demand?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

5

**GENERAL DETAILS:**

Please answer the following questions:

- a) Are you able to price goods prior to delivery with QD barcodes? Yes ☐ No ☐
- b) Are you able to operate a Fast Track delivery system? Yes ☐ No ☐

6

**BANK DETAILS:**

To be used for payment via BACS.

Bankers	<input type="text"/>	Account No.	<input type="text"/>
Branch Address	<input type="text"/>		
	<input type="text"/>	Sort Code	<input type="text"/>
Postcode	<input type="text"/>		

7

**PRODUCT DETAILS:**

Please give a brief description of the product(s) you will be supplying.

8

**CUSTOMER REFEREES:**

Please supply names of your top 5 Customers by turnover.

1.	<input type="text"/>	Tel No.	<input type="text"/>
2.	<input type="text"/>	Tel No.	<input type="text"/>
3.	<input type="text"/>	Tel No.	<input type="text"/>
4.	<input type="text"/>	Tel No.	<input type="text"/>
5.	<input type="text"/>	Tel No.	<input type="text"/>

**DECLARATION** By signing this Application Form, I confirm that the details given are true to the best of my knowledge and that I am authorised by the Company named in Section 1 to supply these details. I also hereby confirm I have read and accept on behalf of the Company named in Section 1 the QD Supplier Terms & Conditions.

Signed \_\_\_\_\_ Print Name \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_