

Enquiry Form

SUPPLIER CONTACT DETAILS

Does Supplier already exist on Procure Wizard System? (Y/N)

Please enter below details (in BLOCK CAPITALS) .

Company Name	
Trading Name	
Address	
Address	
Address	
Postcode	

Tel No.	
Fax No.	
Company Reg. No.	
VAT Number	
Company Website	

Sales Contacts

Accounts Contacts

Key Account Contact Name	
Contact Telephone No	
Contact Email	
Procure Wizard Contact	
DD Contact Telephone No	
Other Contact Telephone No	
Contact Email	
Order Email	

Payable	
Accounts Contact	
Contact No	
Email	
Receivable	
Accounts Contact	
Contact No	
Email	

Procure Wizard /Orders

Telesales	
Contact No	
Contact Email	
Credit Requests	
Contact No	
Contact Email	

Allergens	
Contact No	
Contact Email	
Other	
Contact No	
Contact Email	

PLEASE ENSURE YOU ENCLOSE THE FOLLOWING DOCUMENTS

For all Suppliers, please attach a copy of your current Public & Employers Liability Insurance
For all Suppliers, Headed Paper or Invoice, detailing VAT No & Company Reg No

INFO ABOUT THE SUPPLIER

Please enter below as many details as possible about the type of Products or Services you wish to provide.

OTHER INFO YOU WISH TO PROVIDE

Please enter below any other detail you wish to provide

Do you have a Family, Social, Financial or any other connection that might affect or could be perceived to affect, any impartiality in placing business with this company.

YES NO

<u>Office Use Only</u>			
Procurement Department			
Agreed Rebate	<input type="text"/>	PSC %	<input type="text"/>
Authorised By	<input type="text"/>	Term	<input type="text"/>
Signature	<input type="text"/>	Category	<input type="text"/>
		Date	<input type="text"/>
		Procurement System	<input type="checkbox"/>
		Accounts	<input type="checkbox"/>
		Payment System	<input type="checkbox"/>