

NEW ACCOUNT APPLICATION



Thank you for expressing an interest in Neal's Yard (Natural Remedies) Limited ('Neal's Yard Remedies', 'us', 'we' or 'our'). To help us assess your suitability to become a stockist of Neal's Yard Remedies' products, please read and complete all sections of this application and return it via email or by post.

PLEASE NOTE THAT: (a) we require that ALL our stockists order a minimum value of £5,000 (wholesale value) of stock from us per year; (b) we will only consider candidates who can meet this requirement with applications completed in full, inclusive of pictures and shelf dimensions; (c) we can only consider businesses with a bricks and mortar store and an established customer base; and (d) all purchases for stock will be made subject to our Terms and Conditions of Sale, which shall be made available to you.

Registered company name:
Trading name:
Company registration no (if applicable):
Registered company address:
Type of company: <input type="checkbox"/> Plc <input type="checkbox"/> Ltd <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader

How long have you traded at this address:
Year the company commenced trade:
Contact email address:
Website address:

Type of business (please describe e.g. gift shop, garden centre, health shop):

Full invoice address:	
City:	Postcode:
Tel no:	Fax no:

Store/delivery address:	
City:	Postcode:
Tel no:	Fax no:

Buyer contact name:	Tel no:
Email:	
Accounts contact name:	Tel no:
Email:	

Please list the product categories you currently stock. E.g.: home ware, skincare etc.:
Please list the SKINCARE & BEAUTY brands you currently stock:
Please state the total amount per annum you currently <u>spend</u> on beauty brands:

Section 2

The following questions are designed to help us build a better picture of your business, buying potential location and customer base. Please answer all questions in full.

Please name the nearest Neal's Yard Remedies' stockist (& distance) that you know of. E.g. John Lewis – 5 miles away

Please indicate the product categories you are interested in buying:

- Bath & body Skincare Hair care Supplements
 Mother& baby Men's Aromatherapy

In order for to gain better understanding of the “look and feel” of your store please provide photographs of the interior and exterior of your store.

Photographs attached/enclosed: Yes No

Please enclose a copy of your store's floor plan and mark clearly where you see the Neal's Yard Remedies' products being positioned and what the adjacent brands would be:

Floor Plan attached/enclosed: Yes No

Where is your outlet(s) located in your town/city? E.g. shopping centre, city centre, high st. etc.

Please name the type of business of adjacent shops to your store:

Please list any promotional activity your business undertakes E.g. advert in local paper/magazine

Please note that you or your company shall not be permitted to retail our products online without prior written consent from an authorised person of Neal's Yard Remedies.

How would you describe your customer profile?

Please disclose the dimensions of your shelves and the number of shelves you see devoting to our brand?

Section 3

Please supply two names, addresses, contact details with whom you have a credit account and do regular business with.

<u>Trade references</u>
1 –
Name:
Address:
Postcode:
Tel no:
Email:
Type of business:
2 –
Name:
Address:
Postcode:
Tel no:
Email:
Type of business:

Please use the space below to add any additional information, which you consider important for us to take into account when processing your application:

This form has been completed to the best of my knowledge:

Date Completed: _____

Position: _____

Print Name: _____

Signature: _____

Thank you for taking the time to complete this application. Please return it to us either by post or email and allow us 15 working days to process your application before you contact us.

POST:

**Neal's Yard (Natural Remedies) Ltd
NEW STOCKIST APPLICATION
2ND Floor
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