



PO Box 770  
Marlow  
Buckinghamshire  
SL7 2SH

## APPLICATION FOR DISTRIBUTOR MEMBERSHIP

Name of company		<input type="text"/>		
Trading address		<input type="text"/>		
<input type="text"/>		Postal code	<input type="text"/>	
Telephone	<input type="text"/>	Fax No	<input type="text"/>	
Email Address	<input type="text"/>	V.A.T. registered number	<input type="text"/>	
Registered office address		<input type="text"/>		
Registered company number		<input type="text"/>		
Proprietor, Partners or Directors (Please indicate with an * those directly engaged in the business)				
<input type="text"/>				
Have any of the Directors/Principal Officers been convicted of any offence covered by the Companies Act?		<input type="text"/>		
Name of Associate/Subsidiary/Parent Companies		<input type="text"/>		
Name and address of branches		<input type="text"/>		
<input type="text"/>		<input type="text"/>		
Date the applicant started in the business		<input type="text"/>		
How long company established in distributing cleaning/hygiene products		<input type="text"/>		
Nature of business (If distribution is only part of the business state approximate % of turnover)		<input type="text"/>		
What value of Product/Public Liability Insurance cover do you have? Is this reviewed and renewed annually?		<input type="text"/>		
Geographical area covered		<input type="text"/>		
Annual turnover * Please indicate the group within which it falls:				
a) less than £5 million	b) £5m - £10 million	c) £10 - £15 million	d) £15 - £20 million	e) greater than £20 million
Number of Persons Employed		Number of Sales Personnel Employed		
<input type="text"/>		<input type="text"/>		
Names of three principal suppliers (Please also give their addresses so that references may be taken)				
1	<input type="text"/>			
2	<input type="text"/>			
3	<input type="text"/>			
Bankers name and address		<input type="text"/>		
Names of other trade associations of which you are members		<input type="text"/>		
We apply for membership of the Cleaning and Hygiene Suppliers Association and enclose herewith our cheque for admission and first year subscription plus VAT. £ We understand that in the event of our election to Membership this amount will be credited to our Subscription Account, and in the event of or not being elected, this amount will be returned to us.				
We accept and agree to abide by the Association's Codes of Practice and commit to stock CHSA accredited products.				
Signed		Date		
<input type="text"/>		<input type="text"/>		
Director/Partner/Secretary/Proprietor		Please attach a sample of your letter heading		
Name of existing member of the Association (distributor or manufacturer) sponsoring this application		<input type="text"/>		
Council member proposing application		<input type="text"/>		