

Dear Sir/ Madam,

In order that we may commence trading between our two companies, it is necessary for us to complete our usual Due Diligence procedures.

We need to ascertain that we are completing the trade with an authorized employee or Director of the company. We are obligated for us to ask for sample signatures from persons authorized by your company to carry out a trade with a signature of a director, by way of confirming the aforementioned.

This will safe guard both companies and will not allow a trade to be carried out without the knowledge of the authorized persons. Until this mandate it returned to us, we will not be in a position to commence trading. Therefore, if interested in trading, please fax to 786-367-2041, with the original document in the post at your earliest convenience.

Please note that unless a Purchase Order, Sales Invoice or Contract is signed by an approved member of staff, no order or stock offer will be accepted. We appreciate your co-operation in this matter.

Yours Sincerely,

Agrintex

Authorized Signatures

Authorized Signature # 1 _____ . Print _____ .
Authorized Signature # 2 _____ . Print _____ .
Authorized Signature # 3 _____ . Print _____ .

To be filled out by new customer / importer.

TRADE APPLICATION FORM

Name of Business:	
Trading Address:	
Telephone No.:	Fax No:
Mobile No.:	Email Address:
Registered Address:	
Company Registration No.:	
Year of Incorporation:	
VAT Registration No.:	
Details of Directors:	
Name:	
Telephone:	
Name:	
Telephone:	
Accounts Contact:	
Name:	
Telephone:	

To be filled out by new customer / importer.

DETAILS OF COMPANY DIRECTORS/ SECRETARY

Full Name of Director (#1)	
Home Address:	
	Postal Code:
Telephone No:	Mobile No:
Signature:	

Full Name of Director (#2)	
Home Address:	
	Postal Code:
Telephone No:	Mobile No:
Signature:	

Full Name of Director (#3)	
Home Address:	
	Postal Code:
Telephone No:	Mobile No:
Signature:	

To be filled out by new customer / importer.

TRADE REFERENCES

Trade Reference (#1)	
Address	
	Postal Code:
Telephone No:	Mobile No:

Trade Reference (#2)	
Address	
	Postal Code:
Telephone No:	Mobile No:

3rd Party Reference 1 (ex. Bank and Accountant References)	
Address	
	Postal Code:
Telephone No:	Mobile No:

3rd Party Reference 2 (ex. Bank and Accountant References)	
Address	
	Postal Code:
Telephone No:	Mobile No:

Please supply TWO utility bills from YOUR trading address

**Examples: Council Tax/ Rates Bill
Electricity/ Gas Bill
Water Services Bill**

To be filled out by new customer / importer.

COMPANY DETAILS

Type of Company: <input type="checkbox"/> Ltd. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trade
Additional Information:
Is the Property Owned or Rent:
Number of years at Current Address:

Please supply a copy of Lease confirming the length of tenure at company address, and freight forwarder information or airline info if you are a direct shipper.

Date Business Started Operations:
Number of Company Executives:
Number of Company Accountants:
Number of Company Employees:
Please Specify: <input type="checkbox"/> Wholesale. <input type="checkbox"/> Distributor <input type="checkbox"/> Exporter <input type="checkbox"/> Importer
Supplier/ Buyer: <input type="checkbox"/> Agr. Crops <input type="checkbox"/> Agr. Meats <input type="checkbox"/> Other _____.

I/ We agree to the Terms and Conditions of Agrintex. This declaration forms a contract between _____ and Agrintex. I being the authorized representative of the above named Company understand and will comply with the terms as set out by Agrintex.

Sign: _____

Print: _____

Title: _____

Date: _____

To be filled out by new customer / importer.

CUSTOMER DEVELOPMENT REPORT

In order that Agrintex can understand the needs of their suppliers & customers, we would be very grateful if you could supply us with the form below completed with your company's information. Once completed please fax the form to the fax number enclosed.

Company Name:	Vat No:
Contact Name:	Tel No:
Address:	

Which of the following best describes your current activities?

<input type="checkbox"/> Importer <input type="checkbox"/> Exporter <input type="checkbox"/> Distributor <input type="checkbox"/> Trader <input type="checkbox"/> Retail Sales <input type="checkbox"/> Wholesaler <input type="checkbox"/> Other _____:

Please give an Indication to your current customer base

<input type="checkbox"/> Domestic <input type="checkbox"/> Distributors <input type="checkbox"/> Exporter <u>Export:</u> <input type="checkbox"/> USA <input type="checkbox"/> Asia <input type="checkbox"/> Europe <input type="checkbox"/> Far East <input type="checkbox"/> Middle East <input type="checkbox"/> Other _____:
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Please estimate the average weekly volume of stock you are currently buying

<input type="checkbox"/> 1K – 2K <input type="checkbox"/> 3K – 5K <input type="checkbox"/> 5K – 10K <input type="checkbox"/> 10K – 20K <input type="checkbox"/> 20K – 50K <input type="checkbox"/> 50K – 100K <input type="checkbox"/> Other _____:

PRINT NAME: _____

TITLE: _____

SIGNED: _____

DATE: _____

To be filled out by new customer / importer.