EXPORT



Export Customer Registration Form

Please fill out the form below & return it to DPR Wholesalers accompanied by a recent invoice (originals only) from a reputable trade supplier, which has been addressed to the business & address that you are applying for.

Please use BLOCK CAPITALS so that we can rec	ord your deta	ils accurate	ly								
Your											
Name											
Business Name											
Email Address											
VAT Reg. Number		Comp. Num									
Phone No. (landline)		hone No. nobile)									
Address											
Address											
Town	Coun	ty									
Postcode											
Areas of Interest											
Seasonal Gifts & Fram	ies	Kitche	en		Home						
Tools Gardening		Toys			Stationery						
Party Plastics			Glassware			Soft Toys					
				Pet Care				Candles			
Disposables Appliances		Baby			Floristry	/ & Bask	ets				
Trade Terms*:											
We accept cash and debit cards only	We do not accept Credit Cards										
 Persons under the age of 18 are not ad 	Minimum export order: £500 per Visit										
We do not provide Sale or Return on a		 Any damages must be returned with a valid invoice within 7 days of purchase 									
No Large Bags Allowed in the warehouse			Only 2 persons per trade card								
*Trade terms are correct at time of publication but are state of the state of the company we may ac	ubject to chang	e. Please see	our website fo	or up the mo	st up to dat	e version.					
I confirm that I have read and understood the term	s and condition	on of above	and that I am	n authorised	d by the pe	erson wh	o is				
responsible for giving authority for a customer acco								S			
owner/director. These terms and conditions are su							ound	on			
our website at www.DPRWholesalers.com/tandc.	I also confirm	the details	provided on	this applica	tion are co	orrect.					
Signature Name					Date						
☐ From time to time we may contact you with details of	company news	and special	offers. We pro	mise not to b	oombard vo	ou with me	essage	es or			

DPR Wholesalers Ltd. 17 Suez Road, Mollison Avenue, Enfield, EN3 7SN

information, but regardless, if you would prefer us not to contact you please tick this box.

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Shipper's Details Please use **BLOCK CAPITALS** so that we can record your details accurately Shipper's Name **Business** Name Email Address VAT Reg. Company Number Number Phone No. Phone No. (landline) (mobile) Address Town County Postcode Office use only Customer Number: Joining Date:

Account Type: