



Please complete and return this form to ensure all your details are correct

Please complete any blank boxes

Your New Dash Retailer Box Number:

Your Dawson News Customer Number:

Shop Name:

Shop Address:

Telephone Number:

Fax Number:

Store Number

Postcode:

Email Address:

Primary Contact Name:

URN

Are the above details correct?

YES

If NO please amend below

NO

Shop Name:

Shop Address:

Telephone Number:

Fax Number:

Store Number

Postcode:

Email Address:

Primary Contact Name:

URN

Please answer these questions by ticking the appropriate box:

Are you a member of the NRFN? YES
NO

Is a key or code needed to access the delivery point? YES
NO

Do you accept newspaper vouchers? YES
NO

Are you a seasonal outlet? YES
NO

Do you have newspaper rounds? YES
NO

Do you have shop-saves? YES
NO

What is your preferred time of delivery?

Would you like a visit from a member of our Newspaper team? YES
NO

Please state where at your premises you would like to have your supplies delivered and the code if required

Opening Times

	Open	Close
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Is your delivery address the same as your invoice address? YES

NO

If NO then please complete below:

Invoice Address:

Telephone Number:

Fax Number:

Email Address:

Postcode:

Do you require a copy invoice? YES

NO

The next part is about the structure of your business - please tick one box only and then complete the relevant section on the next page.

PLC <input type="checkbox"/>	Please complete Section A
Limited Company <input type="checkbox"/>	

Sole Owner <input type="checkbox"/>	Please complete Section B
Partnership <input type="checkbox"/>	

Section A - PLC & Limited Companies only

Company Name:

Office Address:

Postcode:

Telephone Number:

Fax Number:

Contact Name:

Company Registration Number:

Registered Office Address:

Postcode:

Telephone Number:

Section B - Sole Owners & Partnerships only

Surname:

First Names:

Home Telephone Number

Residential Address:

Postcode:

If you have lived at this address for less than 2 years please give your previous address:

For Partnerships, please provide details for all partners

Surname:

First names:

Address:

Postcode:

Surname:

First names:

Address:

Postcode: