

VERIFICATION OF NEW DEALER

**Unit /
Department**

Name:

Address:

Telephone No:

Fax No:

Email address:

Website:

Product/s Supplied:

Relevant Specification/s:

Third Party Certification method Verified?

Ability to Supply in Quantity/ | Delivery Period Verified?

Any Agreed Limitations on Minimum Order Quantity | Delivery Period etc?

Previous Performance in Supplying to Similar Specification/s Verified?

Comments:

Signed:

Date:

Compliance Department Use Only:-

Approved:

**Added to Approved
Dealer:**