

Bik-Tik-Tok

WHOLESALE CUSTOMER ACCOUNT FORM

Please complete in BLOCK CAPITALS and provide as much information as possible.

(*Required)

Cafe Phone Number/Landline:

Name of Cafe *:

Delivery Address *:

Street Address:

Street Address Line 2:

City:

Postcode:

Special Delivery Instructions:

Bik-Tik-Tok couriers have 'Authority to Leave', meaning, if you're not there to receive your delivery, the driver will leave it in the safest place possible.

Cafe Operating Hours:

E.g. Weekdays 7am - 4pm

Billing Details:

Bik-Tik-Tok payment terms are strictly 2 weeks after invoice date. Our bank details are at the bottom of the invoice.

Owner / Director Name *:

Owner / Directors Mobile *:

Owner / Directors Email:

Accounts / Bookkeeper Details:

Accounts / Bookkeeper Name:

Accounts / Bookkeepers Email:

Accounts / Bookkeeper Mobile *:

Billing Address:

Street Address:

Street Address Line 2:

City:

Postcode:

Order Contact Details:

Please provide the details of the person who will be placing accounts

The person who places orders is:

Orders Contact Name *:

Orders Mobile Number *:

Orders Email: