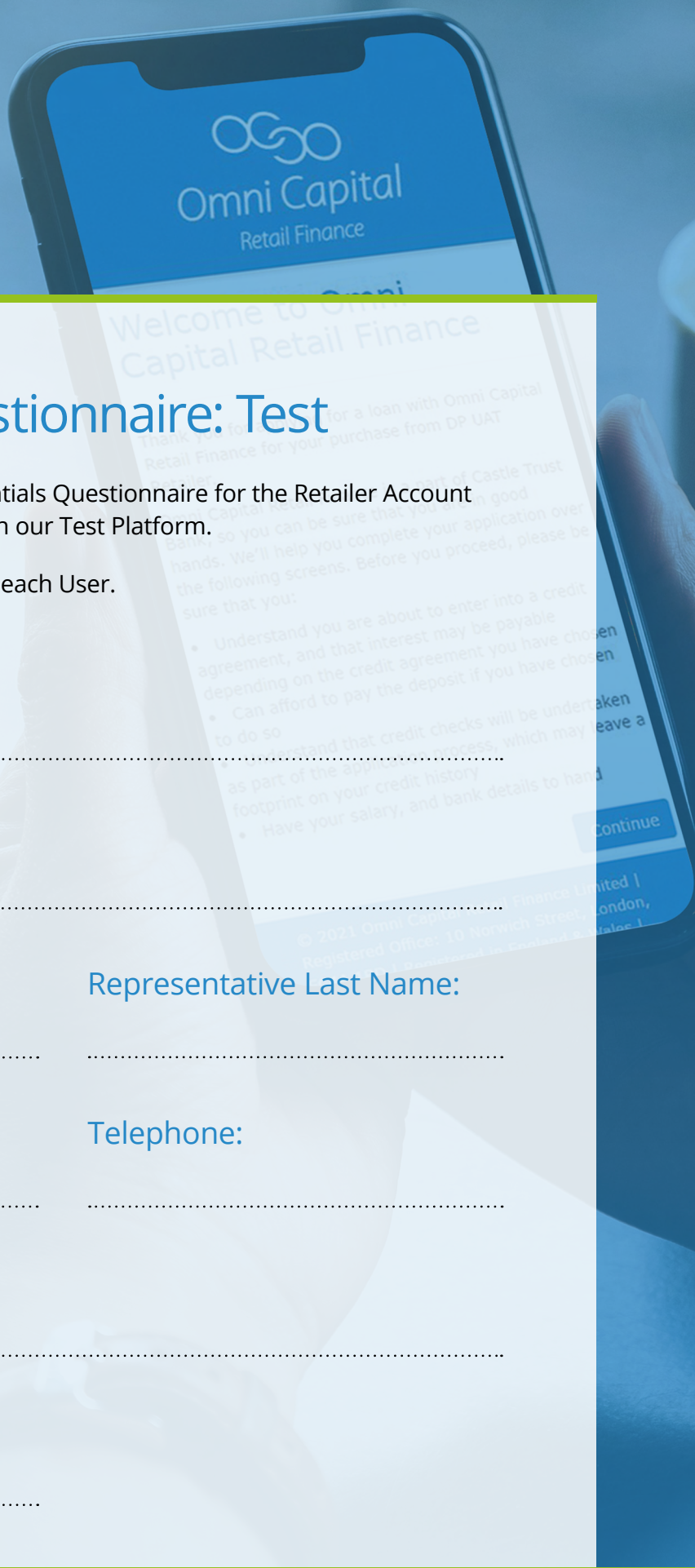




Credentials Questionnaire: Test

Please complete the below Credentials Questionnaire for the Retailer Account and User you would like created on our Test Platform.

Please submit a separate form for each User.

Retailer Name:

.....

Branch Name:

.....

Representative First Name:

.....

Representative Last Name:

.....

Email:

.....

Telephone:

.....

Branch Address:

.....

Branch Postcode:

.....