



Application for Account

Company Name	
Address	
Length of Time Established	
Telephone No	Fax No
Accounts Contact Name	
Contact Tel No	Contact Fax No
Contact Email Address	
Financial Controllers Signature	
Company VAT Registration No	
Please List Two Suppliers To The Company Who We Can Use As References and please have them fax us a credit reference for yourselves on their company headed paper.	
Contact Name	Contact Name
Company Name	Company Name
Tel No	Tel No
Fax No	Fax No
Email Address	Email Address
Company Address	Company Address
PLEASE NOTE: CREDIT TERMS STRICTLY 30 DAYS FROM DATE OF INVOICE	

**Once this form has been filled in, please fax back with a copy of your company headed paper to Kate McLoughlin, Credit Control on 061 326766.
Please feel free to ring me with any queries on 061 206010.**