

Application for CREDIT ACCOUNT



Trading Name	
Entity Type	
Industry	
Tel	
Fax	
Mobile	

<u>Invoice Address</u>		<u>Registered Office</u>	
Town	Post Code	Town	Post Code
Contact Name		Co Reg No	
E Mail		Vat Reg No	
Sole Trader/Partner 1 /Director 1		Partner 2 / Director 2	
Full Name		Full Name	
Home Address		Home Address	
Town	Post Code	Town	Post Code

Bank Reference		Trade Reference 1		Trade Reference 2	
Institution Name		Company Name		Company Name	
Contact Name		Contact Name		Contact Name	
Address		Address		Address	
Town	Post Code	Town	Post Code	Town	Post Code
Duration of Relationship		Account Open since __/__/__		Account Open since __/__/__	
		Credit Limit		Credit Limit	
Telephone Number		Telephone Number		Telephone Number	

Expected Monthly Sales €	Amount of Credit Required €
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DECLARATION AND ACCEPTANCE BY APPLICANT

I THE UNDERSIGNED HEREBY DECLARE THAT I AM A DULY AUTHORISED OFFICER OF THE ABOVE MENTIONED COMPANY/ENTITY AND THAT THE INFORMATION I HAVE PROVIDED HERewith IS TRUE AND CORRECT. I AUTHORISE ANY PERSON OR COMPANY TO GIVE INFORMATION AS REQUIRED IN RELATION TO CREDIT ENQUIRIES IN ACCORDANCE WITH THE DATA PROTECTION ACTS. I HAVE READ, UNDERSTAND AND ACCEPT THE TERMS AND CONDITIONS OF ACTION ADHESIVES (IRELAND) LIMITED (OVERLEAF) WHICH FORM PART OF, AND ARE INTENDED TO BE READ IN CONJUNCTION WITH THIS APPLICATION FOR CREDIT AND I AGREE TO BE BOUND BY SAME. I ACCEPT THAT PAYMENT TERMS ARE 30 DAYS FROM END OF INVOICE MONTH.

FULL NAME (PRINT) _____ POSITION _____

SIGNED _____ DATE ____/____/____

For Internal Use Only		
Credit Limit €	Approved By	Customer Advised