New Account Application Form



Date/			
Trading Name			
Entity Type			
Industry			
Tel			
Fax			
Mobile			
Invoice Address		Registered Office	
Town Post Code		Town	Post Code
Contact Name		Co Reg No	
		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	1 Т	rade 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	Account Open si	nce//	Account Open since/_ /
Relationship			
Credit Limit			Credit Limit
Telephone Number	Telephone Numb	er	Telephone Number
	1		
Expected Monthly Sales € Amount of Credit Required €			
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 IRISH FENCING AND RAILINGS LIMITED (OVERLEAF) WHICH FORM PART OF, AND ARE INTENDED TO BE READ IN CONJUNCTION WITH THIS ACCOUNT APPLICATION FORM AND I AGREE TO BE BOUND BY SAME			
FULL NAME (PRINT)		POSITION	
SIGNED		DATE//	
For Internal Use Only			
Credit Limit 6 Approved By Customer Adviced			