

Credit Account Application

TE LABORATORIES LIMITED.
TO BE COMPLETED BY APPLICANTS

Please complete all sections and read the Terms and Conditions of Trade overleaf.

BUYER'S LEGAL NAME: DATE:
BUYER'S TRADE NAME:
VAT NUMBER: Are you VAT Exempt? Yes / No. If yes, please attach Vat Exemption Certificate.

Phone: Fax:
Mobile: Email:
BILLING ADDRESS: PHYSICAL ADDRESS:
.....
.....

COMMERCIAL CLIENTS ONLY

Company Registration No:

Requested Credit Limit: Date Established:

Contact 1: Contact 2:

Position: Position:

Phone: Phone:

DETAILS OF PARTNERS (If Partnership) OR DIRECTORS (If Company)

Full Name: Full Name:

Home Address: Home Address:

Home Phone: Home Phone:

TRADE REFERENCES

Business Name 1: Business Name 2:

Address or A/C No: Address or A/C No:

Phone: Phone:

Fax: Fax:

I certify that the above information is true and correct and that I am authorised to make this application for credit. I irrevocably and unconditionally consent to the use of my personal information as required by the Data Protection Acts 1988-2003, and in particular the disclosure of my information to any credit reporting agency for the purposes of listing a default should I default in payment of any accounts. I have read and understand the TERMS AND CONDITIONS (overleaf) of TE Laboratories which form part of, and are intended to be read in conjunction with this New Account Application and agree to be bound by these conditions.

Application MUST be signed by: Sole Trader; two Active Partners; or if A Company, two Active Directors.

SIGNED: SIGNED:

Name: Name:

Position: Position:

ID: ID:

Date: ____ / ____ / ____ Date: ____ / ____ / ____

TE LABORATORIES LIMITED. Phone: 00353(0) 59 9152881 - Fax: 00353 (0) 59 9152886
Registered in Ireland- Company Registration No; 181478 Registered Office and Postal Address; TULLOW
INDUSTRIAL ESTATE CO CARLOW.