

Company Name (in full) _____

Address of Registered Office

Trading Name & Address
 (If different from above)

Company Registerd no _____
 company VAT no _____

Phone _____ Fax _____ e-mail _____

Contact person: Operations _____ Accounts _____

contact email: _____

TRADE REFEREES

(2 required)

Name _____	Name _____
Address _____	Address _____
_____	_____
Phone _____	Phone _____

BANKERS

Name _____
 Address _____

 Account Number _____

DECLARATION

In making this application for credit facilities, I/ we declare that the above information is correct and, should I/ we be granted credit, I/ we undertake to comply with the IE Distribution Standard Trading Conditions, a copy of which I/ we have read, received, understood and accept. I/ we understand that all invoices are due for payment strictly within the 30 day period of invoice date unless otherwise stated at time of shipment

I/ we understand that **IE Distribution** may wish to contact the above named trade referees and bankers with a view to obtaining references and consent to them so doing.

Signature _____ Name _____
 (block letters)

Position _____ Date _____

Company Stamp _____