

# ALMERIC LTD

Dromore Lower, Mountcharles Co. Donegal

TEL: +353 (0)74 97 35777 FAX: +353 (0)74 97 35778

NO. \_\_\_\_\_

## APPLICATION FOR CREDIT ACCOUNT

COMPANY NAME: \_\_\_\_\_

DATE \_\_\_\_\_

TRADING AS: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TEL No.: \_\_\_\_\_

\_\_\_\_\_

EXTENSION \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

BILLING ADDRESS IF DIFFERENT FROM ABOVE

FAX No: \_\_\_\_\_

\_\_\_\_\_

VAT NUMBER: \_\_\_\_\_

\_\_\_\_\_

VAT EXEMPT: (PLEASE TICK) YES:  NO:

\_\_\_\_\_

VAT AUTHORISATION No: (IF YES ABOVE)

\_\_\_\_\_

\_\_\_\_\_

IF A LIMITED COMPANY: REGISTERED NO:

(PLEASE ATTACH A COPY OF VAT 13B FORM)

REGISTERED OFFICE ADDRESS

NUMBER OF YEARS IN BUSINESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INTENDED ANNUAL BUSINESS WITH ALMERIC \_\_\_\_\_ (EUROS)

INTENDED PURCHASE DESCRIPTION:

MAINTENANCE  SERVICE  PRODUCT  SOLUTION

ALMERIC CONTACT: \_\_\_\_\_

REFERENCES: A)BANK \_\_\_\_\_ B)TRADE \_\_\_\_\_

DO YOU REQUIRE A PURCHASE ORDER REFERENCE TO APPEAR ON ALL PRODUCT/SERVICE INVOICES?

YES  NO

PLEASE SUPPLY THE RELEVANT PERSON IN CHARGE OF PURCHASING \_\_\_\_\_

METHOD OF PAYMENT: VARIABLE DIRECT DEBIT  BANK TRANSFER  OTHER

### PAYMENT TERMS: 30 DAYS FROM DATE OF INVOICE

We agree to be bound by Almeric General Terms & Conditions of sale (these can be forwarded if required), and agree to all clauses therein and will pay for any goods/services supplied by Almeric as per the stated terms, i.e all invoices are payable 30 days from invoice date.

Signed: \_\_\_\_\_

Block: \_\_\_\_\_

Title: \_\_\_\_\_