



Unit 200A, North West Business Park, Blanchardstown, Dublin 15.
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CREDIT APPLICATION FORM

NAME OF APPLICANT: _____

FULL ADDRESS: _____

CONTACT NAME: _____ POSITION: _____

PHONE NUMBER: _____ FAX NO: _____

MOBILE NUMBER: _____ EMAIL ADDRESS: _____

ORDER NUMBER REQUIRED? YES / NO CR. LIMIT REQ: € _____

NAME OF BANK: _____ BRANCH: _____

SORT CODE: _____ CO. REG No. _____

ACCOUNT NO: _____ A/C NAME: _____

TRADE REFERENCES:

No.1. COMPANY NAME: _____

ADDRESS: _____

CONTACT: _____ PHONE NO: _____ FAX NO: _____

No. 2. COMPANY NAME: _____

ADDRESS: _____

CONTACT: _____ PHONE NO: _____ FAX NO: _____

SETTLEMENT TERMS - All accounts to be settled within AGREED TERMS.

To be signed by a director on behalf of the company. I agree to comply with the above settlement terms if my application for credit is granted.

Signed: _____

Position: _____

Date: _____

WE RESERVE THE RIGHT AND WITHOUT REASON TO ACCEPT OR DECLINE ANY APPLICATION MADE.

PLEASE FAX BACK TO +353-1-8091150

Office Use Only

Account No: _____ Sales Representative: _____

Credit Terms: _____ Approved By: _____

Date Approved: _____ Account Letter Sent : _____