

132a Concession Road Crossmaglen Newry Co.Down N.Ireland BT35 9JE

Your Business Det	tails		Trade Refe	orence A
Trading Name:	.ans		Name:	Tence A
Trading Address:			Address:	
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		Postcode:		Postcode:
Nature of Business:			Tel:	Nature of Business:
Mobile:			Credit Limit:	•
Accounts Contact:			Trade Refe	avonco P
Tel:			Name:	refice b
E-mail for Statements:			Address:	
E-mail for Invoices				
				I Danierda.
Company Reg. No.:				Postcode:
Date Established:	VAT No.:		Tel:	Nature of Business:
Limited Company	Partnership	Sole Trader	Credit Limit:	•
Name of Partner:	1		Services	
Address				e below services will you/your company be
		Postcode:	requiring?	
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Your Bank Details				Load L
Bank Name:				ou Find Skips R Us?
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Postcode:			Saw Skip	Used Previously
Account No.:	Sort Code:			,
Credit Limit Required:				n of your agreeing to supply goods to the applicant
2. Sac Emile Required.				edit, we the undersigned being director/s of the appli- ointly and severally guarantee payment of all financia
Order Numbers			obligations arisi	ing from any increase In the credit limit granted by Ski
If this credit application is successful, do you require order numbers to be shown on Invoices?				ompany) or its subsidiaries and successors from time the review of the applicant company's accounts.
. 140 2 3.00 110110013				application to open a credit account with the Compar
Please send completed form along with a sam-				application to open a credit account with the Compared the credit terms are that payment is due strictly
ple of your Company Letterhead, (and a copy of				from invoicing date and if granted I/We acknowledge
Photo ID and a statement of account from another credit supplier if you are a sole trader/			and accept the conditions of hi	company's terms and conditions of sale and terms an
Partnership) to:		a sole tradel/	Signature:	
	 Info@s	skipsrus.com	No.	
			Name:	
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Position: