

Unit 2 Clonroadmore Business Park, Quin Road, Ennis, Co. Clare ---- Email : jean@floor2go.ie ---- Tel : 065 6864635

Credit Application Form

| Company Name: | | | | |
|---|------------------|----------------|--|--|
| | | | | |
| Address: | Contact: | | | |
| | Position: | Mobile: | | |
| | Email: | | | |
| | Tel: | Fax: | | |
| Invoice Address: (if different) | Billing Contact: | | | |
| | Email: | | | |
| | Tel: | Fax: | | |
| Nature of Business: | | Years Trading: | | |
| Company Type: Sole Trader Limited Company | PLC Partnership | Reg.No: | | |
| Partnership please providedetails of all partners. | | VAT Reg.No: | | |
| BankName | Sort Code: | Account No: | | |
| &Address: | IBAN: | | | |
| TRADE REFERENCES: PLEASE LIST TWO TRADE SUPPLIERS WITH WHOM YOU ARE CURRENTLY TRADING | | | | |

| Company: | Contact: | | | |
|---------------------------------|---------------------|-----------|----------------|--|
| Address: | EMail: | | | |
| | Tel: | | Years Trading: | |
| Company: | Contact: | | | |
| Address: | EMail: | | | |
| | Tel: Years Trading: | | | |
| Maximum Amount Credit Required: | | | | |
| Completed by (PRINT NAME): | | Date: | | |
| Signed: | | Position: | | |

TERMS OF AGREEMENT: Payment by the end of the month following the date of invoice.

All printed applications must be completed in full, signed and forwarded by email, fax or post Floor 2 Go accompanied by a letterhead.