



CREDIT APPLICATION FORM

Company Name:

Address:

Telephone No:

Fax No:

Registered Office:
(If different)

Registered No:

E-mail Address:

Type of Business Conducted:

Accounts Payable Contact:

Requested Credit Facilities

Monthly

 €

VAT EXEMPT: YES / NO

If yes, please quote VAT No., Authorisation No. & attach copy of Authorisation Form

VAT No.

Authorisation No.

Please Advise Of Any Specific Invoicing Requirements.



REFERENCES:

(A)
Name: _____
Address: _____
_____ Fax No: _____
Contact: _____

(B)
Name: _____
Address: _____
_____ Fax No: _____
Contact: _____

Bankers: _____

Branch: _____
_____ Sort Code: _____
Account No: _____

I hereby certify that the information supplied is, to the best of my knowledge, accurate and correct. I agree that if my application is successful to be bound by the Terms and Conditions of Sale of IPS Groupage Ltd .

CREDIT CONDITIONS:

1. Terms of Payment are strictly 30 days from end of month.
2. Our Statement should be considered as a Final Demand for Payment.
3. Credit may be revoked at any time.
4. Payment of account may not be held against insurance claims.

Signature of Applicant: _____

Position: _____ Date: _____

IPS Groupage Services Ltd
Unit 155, Lakeview Drive
Airside Business Park
Swords, Co. Dublin
Ph : 01-8906600
Fax : 01-8906660

IPS Groupage Services Ltd
Unit 102
Donnybrook Commercial Park
Douglas
Cork
Ph : 021-4895777
Fax : 021-4895988

If returning by e-mail please reply to niamh.byrne@ips-group.com or Debbie.carroll@ips-group.com