

Credit Account Application Form

Company details:

| | | | |
|--|---|-------------------------------------|---|
| Company Name | | Main Phone/ Switchboard | |
| Co. Registration No | | Fax No | |
| Main Sales Contact | | Contact Phone No & Email address | |
| Main Accounts Contact | | Contact Phone No & Email address | |
| Accounting / Invoice Address | | Delivery Address | |
| Anticipated Monthly Credit Required | £ | Turnover last FY | £ |

Bank details:

| | |
|-------------------------------|--|
| Name of Bankers in Ireland | |
| Bank Address | |
| Bank Telephone Number | |
| Account Number | |
| Sort Code | |

Trade References:

Full name, address and contact details of two trade references:

| | | | |
|----------------|--|----------------|--|
| Company Name 1 | | Company Name 2 | |
| Address | | Address | |
| Contact name | | Contact name | |
| Telephone No. | | Telephone No. | |

DECLARATION: I hereby submit the above information for the sole purpose of opening a Credit Account with Ecopipe Irl. Limited. I acknowledge that all orders are accepted by Ecopipe Irl in accordance with their [terms and conditions](#) and agree that my company shall be bound by them in all transactions. Goods shall remain the property of Ecopipe Irl until paid for in full.

PLEASE DON'T FORGET TO SIGN THE APPLICATION BEFORE RETURNING IT TO ECOPIPE IRL

| | | | |
|------------|--|----------------------------|-----------------|
| Print Name | | For Ecopipe Irl Use | Account Manager |
| Signed | | Account Number | |
| Position | | IND CLASS | |
| Date | | Credit Limit | |

Return To: Ecopipe (Irl) Ltd Moll House 19 Drummartin Rd Goatstown Dublin 14 Tel. 012960174
Fax 012960175