



A member of the AMARI group

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FOR OFFICE USE ONLY

A/c No _____
Date _____
Approved _____
Limit _____
Review _____

Stockholders and Distributors of Aluminium, Copper Alloys, Stainless Steel, Nickel Alloys, Plastics, Steels.

CREDIT ACCOUNT APPLICATION FORM

Company Name _____

Address _____

Phone Number(s) _____ Fax Number _____ Email _____

Date Company Formed _____ Company Reg No. _____ Vat No _____

Directors / Partners _____

Bankers Name & Address _____

Payment Preference Cheque Bacs Credit Card Please tick where applicable

If Bacs, do you require Amari bank details? Yes No If you have ticked yes, these will be forwarded to you in due course

Accounts Department Details

Contact Name _____ Phone Number _____ Fax Number _____

Email _____

Trade References

	Name	Address	Phone	Contact	Fax
1.					
2.					
3.					

* (Note: Above trade references must be applicable to amount of credit requested).

Credit Facility Applied for (€per month) €

If Sole Trader, Home Address _____

Any Further Information _____

We accept that your terms of credit are nett 30 days from date of delivery and agree, should our application be acceptable, to adhere to same providing no alternative payment terms have been agreed and confirmed in writing. We also have read your conditions of sale and agree to be bound the same.

Signed _____
Director / Partner

CARRIAGE CHARGES ARE EXTRA

*Note: In the case of a limited liability company this application must be signed by a director of the company.
In the case of a private firm, it should be signed by one of the partners.

