



APPLICATION FOR CREDIT FACILITIES

Etag Fixings Ltd will respect the total confidentiality of this document and the information therein will be treated accordingly.

Company / Trading name: _____

Are you a limited company / sole trader, please specify: _____

Address: _____

Telephone no: _____ Mobile no: _____

Company Reg no: _____ VAT no: _____

Buyer: _____ Email: _____

Accounts Contact _____ Email: _____

Person responsible of payments: _____

Anticipated Average Monthly Spend: _____

Directors: _____

Trade Reference 1	Trade Reference 2
Name:	Name:
Address:	Address:
Phone:	Phone:

I hereby request to open an account with Etag Fixings Ltd and consent to have enquiries made to the above named referees. I agree that it is a condition of opening this account that I will settle the account in full within 30 days.

Signed: _____

Print: _____

Position Held: _____ Date: _____

Our credit terms are strictly 30 days from end of month of invoice and the granting of a credit facility is conditional on this being adhered to.

Office Use Only:

Limit: _____ Term: _____ days Rep: _____ Auth: _____

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