



videnda.

CREDIT APPLICATION

**PLEASE COMPLETE & PRINT THIS FORM – FAX IT BACK TO +353 (0)1 4611971
WITH OFFICIAL STAMP AND SIGNED BY A COMPANY DIRECTOR**

An account may be granted without providing all the information requested.
However, it will speed up the approval.

Section 1

Company Details

Company Name: _____

Trading Name (if different): _____

Trading Address: _____

Telephone Number: _____ Fax Number: _____

Trading Style Soletrade Partnership Limited Company Other

Part of subsidiary (Y/N) _____ Parent company name: _____

No of Directors/Partners: _____ Issued Capital: _____

Directors names and positions (attach separate sheet if necessary):

Is your company authorised to obtain goods and services at the zero rate of VAT? Yes No
If Yes, please attach copy of Form VAT 13B

Registered No: _____ Years Traded: _____ Vat Number: _____

Does the company have any County Court Judgements registered against it? Yes No
If Yes, please provide details (attach separate sheet if necessary)

Premises: Leasehold Freehold

**Please Enclose: 1) A sheet of your company's letterheaded paper.
 2) The latest signed audited accounts, if available.**



Section 2

Account Details

Invoicing Address (if different from above):

Please state annual turnover for EACH of the last 3 years:

Current: _____ Previous: _____ Previous: _____

Maximum monthly credit required: _____ Currency: _____

Accounts contact: _____

Telephone Number: _____ Fax Number: _____

Section 3

Bank Details

Bank Name: _____

Bank Address: _____

Telephone Number: _____ Fax Number: _____

Account Number: _____ Sort Code: _____

Number of years this bank has held your account: _____

Section 4

Trade References

Name: _____ Name: _____

Address: _____ Address: _____

Telephone Number: _____ Telephone Number: _____

Fax Number: _____ Fax Number: _____



AGREEMENT

I / We hereby certify that all information given in this application is complete and accurate.

In consideration of the quantity of credit facilities I / We agree to make settlements of accounts 30 days from date of invoice. I / We accept that "Title of Goods" supplied remain with Videnda Distributions Limited until paid in full.

I / We accept the standard conditions of sale of Videnda Distributions Limited, as amended from time to time. A copy of same is available on request.

Signed for and on behalf of the entity named overleaf (page 1).

Signature: _____

Name: (BLOCK) _____

Position: (BLOCK) _____

Date: _____

FOR OFFICE USE ONLY

Credit Limited Granted Amount _____ Monthly

A/c No. Issued _____

Approved _____ Date _____