



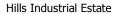
Tel: +353 (0)1 628 3888 Fax: +353 (0)1 628 2999

Email: sales@mesupplies.com

SALESMAN	 I
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## **CREDIT APPLICATION FORM**

Trading Name:			
Company Name If Different:			
Company Type:	LTD. 🗆	Sole Trader: □	Partnership: □
Address (Reg Office):			
Phone No:			
Fax No:			
Sales Email Address:			
Company Reg No:			
Directors:			
Partners:			
Name 1:			
Address:			
Name 2:			
Address:			
IF THERE ARE MORE THAN 2 PARTI	NERS PLEASE GIVE DETA	AILS ON SEPARATE SHEET.	
Main Trading Activity:			
No. Of Years Established:			
Amount Of Credit Req/Month			
Accounts Contact Name:			
Accounts Email Address:			

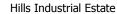




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TRADE REFERENCES: PLEASE GIVE THE NAME, ADDRESS, PHONE OR FAX NUMBERS OF THREE COMPANIES WITH WHOM YOU HAVE AT LEAST 6 MONTHS TRADING HISTORY				
	1			
NAME:				
ADDRESS:				
PHONE NO:				
FAX NO.:				
	2			
NAME:				
ADDRESS:				
PHONE NO:				
FAX NO.:				
	3			
NAME:				
ADDRESS:				
PHONE NO:				
FAX NO.:				
BANK NAME:				
BANK ADDRESS:				
2 B 5 112001				
I HAVE READ AND AGREE TO BE BO PURCHASED FROM M&E SUPPLIES.	OUND BY THE CONDITIONS OF SALE AS PRINTED OVERLEAF IN RESPECT OF ALL GOODS			
SIGNED:				
POSITION:(MUST BE A DIRECTOR OR PROPRIETOR)				
DATE:				





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OFFICE USE ONLY	
DATE RECEIVED:	
SOURCE:	
CREDIT:	
APPROVED: □	DECLINED: □
LIMIT:	TERMS:
CUSTOMER CODE:	TYPE:
SIGNED:	DATE: