

Application for Credit Facilities with Jackson Switchgear

COMPANY DETAILS

Company Name: _____

Address: _____

Phone: _____ Email: _____

When was the company established? _____ Is the company a limited company? Y/N

If Yes, give Company Reg. Number _____ If No, are you a Sole Trader or Partnership? S/P

What is your estimate of the maximum monthly credit you will require? € _____

TRADE REFERENCES

Please give details of three businesses from which you currently purchase goods or services

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Bank Details

Please provide the name and branch of your bank

Name: _____ Branch: _____

Please note by signing this credit application you are agreeing to the following:

1. to settle in full all accounts arising from this credit application within the credit terms of Jackson Switchgear, i.e. **60 days from end of the month in which the invoice is raised;**
2. to authorise Jackson Switchgear to make enquiries from the above mentioned bank account and trade referees and to enquire into the financial standing of your business.

Name: _____ Position: _____

Date: _____ Signature: _____

PLEASE FAX BACK TO 01 8371047