

Topline Clearys of Kilcock

Limited Company Credit Application Form



Limited Company Credit Application Form

BUSINESS / ACCOUNT HOLDERS DETAILS

Registered Company Name:	*		
Trading Name:	*		
Address:	*		
Registered Office Address: (If Applicable)	*		
Registered Company No.:	*	VAT No:	*
Telephone No.:	*	Mobile No.:	*
Email for Invoices:	*	Email for Statement:	*
<ul style="list-style-type: none"> PLEASE NOTE: Invoices / Statements will be sent via e-mail 			
Please supply two proofs of identity: Driver's Licence / Passport and Recent Utility Bill.			
Previous Address (If Less Than 3 Years)	*		

OTHER DETAILS

Date Company / Partnership Formed:	*		
Do you require official order numbers?	Yes	For Example	No
Total credit limit required	Date of the last set of accounts:		
Please submit 3 month's of supplier statements (Minimum 2 Suppliers)			Tick to confirm
Please submit a copy of your headed paper			Tick to confirm

TRADE REFERENCES

Company 1:	Address:	Telephone No.:
Company 2:	Address:	Telephone No.:
Company 3:	Address:	Telephone No.:
Company 4:	Address:	Telephone No.:

NAMES & ADDRESSES OF DIRECTORS / PARTNERS

Name:	*	Date of Birth:	*
Address:	*		
	Post Code:	*	Telephone No.:
			*
Name:	*	Date of Birth:	*
Address:	*		
	Post Code:	*	Telephone No.:
			*
Have any of the principals been involved in Liquidation / Bankruptcy / Receivership? *	Yes	No	

* These are mandatory fields. We cannot process this application without this information.

If you have any queries please call 01 628 7381 or email office@clearysofkilcock.ie

PERSONAL CREDIT GUARANTEE

To be completed by the owner/director/company secretary of the company applying for credit. In consideration of you agreeing to supply goods to the applicant company on credit, we the undersigned being owner/director/company secretary of the applicant company jointly and severally guarantee payment of all the financial obligations of the applicant company to Clearys of Kilcock Limited and its subsidiaries and successors including financial obligations arising from any increase in the credit limit granted by Clearys of Kilcock Limited or its subsidiaries and successors from time to time following review of the applicant company's account.

Signature: *		Date: *		Signature: *		Date: *	
Print Name: *		Print Name: *					

APPLICANT DETAILS

I/We make this application to open a credit account and understand that your credit terms are that payment is due at the end of the month following month of supply and that if credit is granted I/We agree to pay in accordance with these terms.

I/We have read and accepted your Terms & Conditions of Sale. (Ts & Cs available in-store).

In returning this application form you accept that we will make a search with a credit reference agency. We may share that information with other businesses for credit control purposes. We may also make enquiries about the principal directors/ proprietors with a credit reference agency.

We will also notify you by text and email if the account is due for payment or if the account has gone over the agreed credit limit.

Applicant's Signature: *		Date: *	
Print Name: *		Position: *	

DATA PROTECTION

Here at Clearys of Kilcock Limited we take your privacy seriously and will only use your personal information to administer your account and to provide the products and services you have requested from us. However, from time to time we would like to contact you with details of products / offers / services / promotions we provide. If you consent to us contacting you for this purpose please tick to say how you would like us to contact you:

Email

Telephone

Text / Messaging

Post

DESCRIPTION OF BUSINESS

Please select all relevant categories

General Builder		Carpenter / Joiner		Fencing Merchant	
House Builder		Painter & Decorator		Garden Centre	
Self Build		Tiler (Wall & Floor)		Shop Fitter	
Refurbisher		General Maintenance Contractor		Civil Engineer	
Property Developer		Electrician		Local Authority	
Loft Converter		Plumbers / Heating Installer		Manufacturers of Finishes Goods	
Roofer		Flooring Contractor		School / College / University	
Fascia / Cladding & Guttering		Builders / Timber Merchant		Other (Please Specify)	
Bricklayer		Fencing Contractor			
Dryliner / Plasterer / Renderer /Screeder		Landscaping / Paving Contractor			

* These are mandatory fields. We cannot process this application without this information.

If you have any queries please call 01 628 7381 or email office@clearysofkilcock.ie

Here to help. Happy to advise.

SEPA DIRECT DEBIT MANDATE FORM

Date / /

Unique Mandate Reference _____
Unique Mandate Reference (UMR) – To be completed by Clearys of Kilcock Limited

By signing this mandate form, you authorise (A) Clearys of Kilcock Limited to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Clearys of Kilcock Limited.
As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields marked*

Creditor's Name Clearys of Kilcock Limited
Creditor's Identifier IE59ZZZ304423
Creditor's Address The Bridge Kilcock
Creditor's Address Co. Kildare
Post Code W23 E677

Type of Payment* Recurring payment or One-off payment

Debtors' Name*

Debtors' Address*

Debtors' Address*

Post Code* **Country**

Sort Code **Account Number**

Debtor account number - IBAN*

Debtor's back identifier code - BIC*

Signature: _____ Date: _____

Thank You

For Your Application

TOPLINE CLEARYS

Address: The Bridge, Kilcock, Co. Kildare - W23 E677

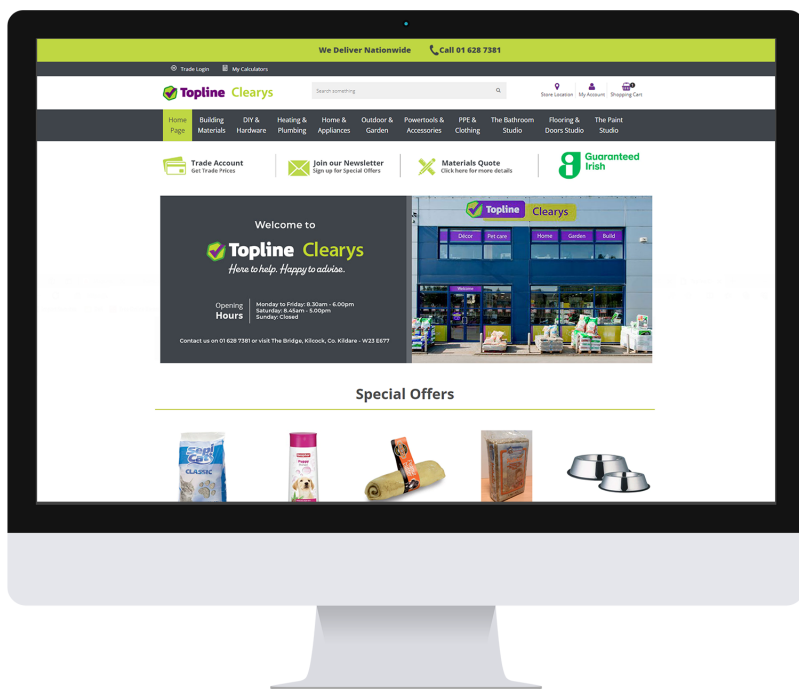
Phone: 01 628 7381 | 01 628 7382

Email: office@clearysofkilcock.ie

Opening hours: Monday to Friday 8.30am - 6.00pm

Saturday: 8.45am - 5.00pm

Sunday: Closed



SCAN THE QR CODE TO
VISIT OUR WEBSITE



www.toplineclearys.ie

Note: Please take a moment to check that your application form has been completed correctly and that all relevant paperwork is attached.

If you require any assistance please contact our Credit Control Department on 01 628 7381 who will be happy to assist you.

Please return the completed form together with the supporting documentation to office@clearysofkilcock.ie

Here to help. Happy to advise.