



Winroy Industrial Polymers Ltd

**CREDIT ACCOUNT APPLICATION FORM**

Customer /Company Name			
Invoice Address			
Delivery Address:			
Company Reg number		Year Incorporated	
VAT Exempt Y/N (Attach VAT13B)		VAT Number	
Main Office Phone		Main Office Fax	
Purchasing contact name		Phone Number	
Purchasing E-Mail address			
Accounts contact name		Phone Number	
Accounts E-Mail Address			

**Bank Details:**

Name			
Address			
Account Name		Account Number	
Sort Code		IBAN	
Credit Limit Required			

**Trade References (Please supply references giving 30 day net terms only):**

	Reference one	Reference two
Name		
Address		
Contact		
Telephone		
Fax		

**Declaration:**

*I/we confirm that the information given on this application is true & complete. I/we apply for a credit account with Winroy Industrial Polymers Ltd subject to payment terms of 30 days from end of invoice month. I/we declare that I/we have read the Companies Terms & Conditions and we agree to abide by them should a credit facility be granted. Return to accounts@winroy.ie*

Signed	Name
Position	Date

**Winroy Office Use**

Approved by	Account Code
Credit Limit Approved	Date