



**CUSTOMER CREDIT APPLICATION**

Copymoore/Fileone  
 Centrepoint, Centre Park Road, Cork  
 Tel: 353 21 4966151 Fax: 353 21 4966664 Email:sales@fileone.ie

**(To apply for a 30 day credit account please complete and return the form signed to enquiries@copymoore.com)**

**Full Trading Name:** \_\_\_\_\_ **Business Sector:** \_\_\_\_\_

**Limited**  **Partnership**  **Sole Trader**  (Please tick one) **Company Registration No:** \_\_\_\_\_

**Full Address:** \_\_\_\_\_ **VAT Registration No:** \_\_\_\_\_

\_\_\_\_\_ **Post Code:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Customer Signature:** \_\_\_\_\_

**Sales Contact:** \_\_\_\_\_ **Title:** Miss.  Mrs.  Ms.  Mr.

**Phone No:** \_\_\_\_\_ **Fax No:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Account Contact:** \_\_\_\_\_ **Title:** Miss.  Mrs.  Ms.  Mr.

**Phone No:** \_\_\_\_\_ **Fax No:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ (For Invoices and Statements)

**Bankers:** \_\_\_\_\_ **A/C:**  **Address:** \_\_\_\_\_

**Trade Ref A:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Trade Ref B:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Additional Information:** \_\_\_\_\_

**Online Order:** Yes  No

Copymoore Fileone will only use supplied information for internal use and will not pass this information to any other companies.

<b>Office Use:</b>	<b>Account Code:</b> _____	<b>Van Route:</b> _____	<b>Deal:</b> _____
<b>Rep Code:</b> _____	<b>Approved:</b> _____		
<b>Notes:</b>	<b>Signed:</b> _____		