

# Com-Plas Packaging Limited

## Credit Account Application

TO BE COMPLETED BY APPLICANTS

Please Complete all Sections in full and Read Our Terms and Conditions of Trade Overleaf.

CUSTOMER'S LEGAL NAME: .....	DATE: .....
CUSTOMER'S TRADE NAME: .....	

Phone: .....	Fax: .....
Mobile: .....	Email: .....
BILLING ADDRESS: .....	PHYSICAL ADDRESS: .....
.....	.....

<b><u>COMMERCIAL CLIENTS ONLY</u></b>	<b><u>Person/s Authorised to Purchase</u></b>
Company MD/ Owner.....	Goods will not pass to people not on this list.
Company Registration No: .....	1: .....
Contact 1: .....	2: .....
Position: .....	3: .....
Phone: .....	4: .....
<b><u>DETAILS OF PARTNERS (If Partnership) OR DIRECTORS (If Company)</u></b>	
Full Name: .....	Full Name: .....
Home Address: .....	Home Address: .....
.....	.....
Home Phone: .....	Home Phone: .....

<b><u>TRADE REFERENCES</u></b>	
Business Name 1: .....	Business Name 2: .....
Address or A/C No: .....	Address or A/C No: .....
Phone: .....	Phone: .....
Fax: .....	Fax: .....

I certify that the above information is true and correct and that I am authorised to make this application for credit. I irrevocably and unconditionally consent to the use of my personal information as required by the Data Protection Acts 1988-2003, and in particular the disclosure of my information to any credit reporting agency for the purposes of listing a default should I default in payment of any accounts. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf) of Com-Pals Packaging Limited as part of, and are intended to be read in conjunction with this New Account Application and agree to be bound by these conditions.

<b><i>Application MUST be signed by: Sole Trader; two Active Partners; or if A Company, two Active Directors.</i></b>	
SIGNED: .....	SIGNED: .....
Name: .....	Name: .....
Position: .....	Position: ..... ID:
Date: ____ / ____ / ____	Date: ____ / ____ / ____

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