



Hills Industrial Estate

Tel: +353 (0)1 628 3888

Fax: +353 (0)1 628 2999

Email: sales@mesupplies.com

SALESMAN _____

CREDIT APPLICATION FORM

Trading Name: _____

Company Name If Different: _____

Company Type: LTD. Sole Trader: Partnership:

Address (Reg Office): _____

Phone No: _____

Fax No: _____

Sales Email Address: _____

Company Reg No: _____

Directors: _____

Partners:

Name 1: _____

Address: _____

Name 2: _____

Address: _____

IF THERE ARE MORE THAN 2 PARTNERS PLEASE GIVE DETAILS ON SEPARATE SHEET.

Main Trading Activity: _____

No. Of Years Established: _____

Amount Of Credit Req/Month _____

Accounts Contact Name: _____

Accounts Email Address: _____



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TRADE REFERENCES: PLEASE GIVE THE NAME, ADDRESS, PHONE OR FAX NUMBERS OF THREE COMPANIES WITH WHOM YOU HAVE AT LEAST 6 MONTHS TRADING HISTORY

1

NAME:

ADDRESS:

PHONE NO:

FAX NO.:

2

NAME:

ADDRESS:

PHONE NO:

FAX NO.:

3

NAME:

ADDRESS:

PHONE NO:

FAX NO.:

BANK NAME:

BANK ADDRESS:

I HAVE READ AND AGREE TO BE BOUND BY THE CONDITIONS OF SALE AS PRINTED OVERLEAF IN RESPECT OF ALL GOODS PURCHASED FROM M&E SUPPLIES.

SIGNED:

POSITION:(MUST BE A DIRECTOR
OR PROPRIETOR)

DATE:



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OFFICE USE ONLY

DATE RECEIVED:

SOURCE:

CREDIT:

APPROVED:

DECLINED:

LIMIT:

TERMS:

CUSTOMER CODE:

TYPE:

SIGNED:

DATE: