



Alperton Engineering Ltd

Moyle Road, Dublin Industrial Estate, Glasnevin, Dublin 11, Ireland
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Website www.alperton.ie

APPLICATION FOR CREDIT

Proposed by _____ Date _____

(Section 1)

COMPANY _____ CONTACT _____

Phone _____ Fax _____ e-mail _____

Invoice & Statement Address _____

We prefer to send invoices and Statements by E-Mail. Please provide e-mail address for receipt of same

E-Mail _____

If this is not suitable please ✓ this box and we shall send all Invoices and Statements by Post

(Section 2)

Legal Status

Registration No. _____

VAT No. _____

VAT Exemption No. _____

Please send copy of up to date VAT exemption certificate

(Section 3)

Please confirm:-

How long are you established (approx) _____ years

Business Activity _____

Our expected payment time shall be :- 1-30days 30-45days 45-60days 60-75days
Please underline as appropriate e.o.m e.o.m e.o.m e.o.m

Maximum amount of credit required €1,000+ €5,000+ €10,000+ €20,000+
Please underline as appropriate

Approximate amount of transactions in a month 1-5 5-10 10+
Please underline as appropriate

(Section 4)

The following information must be provided. It will be held in strict confidence and be used for credit purposes only.

BANK REFERENCE

_____	_____
Contact	Account No.
_____	_____
Name of Bank	Sort Code

Address	

_____	_____
Phone	Fax

E-Mail	

REFERENCES

(1)	_____	_____	_____
	Business Name	Phone	Fax

	Address		
(2)	_____	_____	_____
	Business Name	Phone	Fax

	Address		
(3)	_____	_____	_____
	Business Name	Phone	Fax

	Address		

I certify that all the information on this form is correct.

Signed _____ Title _____
Date _____

RETURN TO:
CLARE COMISKEY-KIERNAN CREDIT CONTROL DEPT. (FX 01 – 8306458)

CCM CREDIT APPL FM-002, REV B

(Section 5)

STRICTLY FOR INTERNAL OFFICE USE

Customer: _____

Account facility proposed by _____ Date _____

When is the account facility required by _____

(If required immediately section 1+2 must be completed and the following authorization signed)

Approval for immediate account facility _____

Signed

Has the customer had any Cash Sales Yes / No

If yes last transaction Invoice no. _____ Date _____

_____ Payment method _____ Date _____

When should customer be blocked for overdue account
+ 31 days e.o.m 45 days e.o.m. 61 days e.o.m Other

How was account developed: Phone Visit Referral Internet Other

Notes

Signed