|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Customer Credit Application for trade account** **Please note, any delay in completing and returning this form to Accounts will adversely affect the turn-around time of the test result. Samples cannot be reported on the system until your account has been set up.** | | | | | | | | | |
| **Business contact information** | | | | | | | | | |
| **Business Name:** | | | | | | | | | |
| **Accounts / Contact name for Billing:** | | | | | | | | | |
| **Phone:** | | |  | | | **E-mail for invoices/Statements:** | | | |
| **Address:** | | | | | | | | | |
| **Town:** | | | | | | **County:** | | | **Postcode:** |
| **In business since: VAT No. EORI NO.** | | | | | | | | | |
| **Company: 🞏** | **Trainer: 🞏** | | | **Stud Farm: 🞏** | | | **Veterinary: 🞏 Owner: 🞏 Farmer: 🞏** | | |
| **Laboratory information:** | | | | | | | | | |
| **Contact Name for lab reports:** | | | | | | | | | |
| **Postal address if different:** | | | | | | | | | |
| **Town:** | | | | | **County:** | | | | **Postcode:** |
| **Telephone:** | | |  | | **E-mail for reports:** | | | | |
|  | | | | | | | | | |
|  | | | | |  | | | | |
|  | | | | |  | | | |  |
| **Business/trade references** | | | | | | | | | |
| **Company name:** | | | | | | **Company name:** | | | |
| **Contact name:** | | | | | | **Contact name:** | | | |
| **Address:** | | | | | | **Address:** | | | |
| **City:** | | **Postcode:** | | | | **City:** | | **Postcode:** | |
| **Phone:** | | | | | | **Phone:** | | | |
| **Fax:** | | | | | | **Fax:** | | | |
| **E-mail:** | | | | | | **E-mail:** | | | |
| **Agreement Terms** | | | | | | | | | |
| 1. **All invoices are to be paid 30 Days from the date of the invoice.** 2. **Any claims arising from invoices must be made within seven working days of receipt of invoice.** 3. **By submitting this application, you authorise [Enter your company name here] to make inquiries into the banking and business/trade references that you have supplied.** 4. **Please be advised that all data retained will be compliant with GDPR rules** 5. **Please return completed form to: accountsreceivable@irishequinecentre.ie** | | | | | | | | | |
| **Signatures {Authorised Representative(s)}** | | | | | | | | | |
| **Title:**  **Date:** | | | | | | **Title:**  **Date:** | | | |