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| **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:** |