**CREDIT APPLICATION FORM**

THORNTONS RECYCLING

UNIT S3B PARKWEST BUSINESS PARK

DUBLIN 12

01 6235133 (Phone) 01 6235131 (Fax)

[www.thorntons-recycling.ie](http://www.thorntons-recycling.ie)

**\*\*\*PLEASE COMPLETE ALL YELLOW HIGHLIGHTED FIELDS\*\*\***

1. **ENTITY DETAILS**

|  |  |
| --- | --- |
| BUSINESS NAME: |  |
| INVOICE ADDRESS: |  |
| TRADING ADDRESS: |  |
| INDUSTRY SECTOR E.G. RETAIL/CONSTRUCTION ETC: |  |
| IS IT A LIMITED COMPANY? | YES NO |
| IF NOT A LIMITED COMPANY, PLEASE STATE NATURE OF YOUR BUSINESS I.E. SOLE TRADER ETC. |  |
| COMPANY REGISTRATION NO: |  |
| VAT NUMBER: |  |
| IF SOLE TRADER, DO YOU WISH TO SIGN UP BY DIRECT DEBIT? | YES NO |
| IF SOLE TRADER, HAVE YOU INCLUDED PHOTO ID WITH THIS APPLICATION? |  |

1. **ACCOUNT CONTACT DETAILS**

|  |  |
| --- | --- |
| NAME OF PERSON RESPONSIBLE FOR PAYMENTS |  |
| CONTACT NO & FAX NO |  |
| CONTACT EMAIL ADDRESS |  |
| DO YOU WISH TO RECEIVE YOUR INVOICES BY EMAIL? | YES NO |

|  |  |
| --- | --- |
| *Reference 1* | *Reference 2* |
| COMPANY: | COMPANY: |
| CONTACT NAME: | CONTACT NAME: |
| CONTACT NUMBER: | CONTACT NUMBER: |
| CONTACT EMAIL: | CONTACT EMAIL: |

1. **APPLICANTS AUTHORISATION FOR OFFICE ONLY**

|  |  |
| --- | --- |
| NAME OF SIGNATORY: | APPROVED BY: |
| CAPACITY OF SIGNATORY: | CREDIT LIMIT: |
| **\*APPLICANTS SIGNATURE:** | DATE: |
| DATE: | ACCOUNT MANAGER: |

**\*TWO SIGNATURES REQUIRED PRIOR TO OPENING THE ACCOUNT**

**I HEREBY ACCEPT THE TERMS AND CONDITIONS OF THORNTONS RECYCLING AS OUTLINED OVERLEAF**

**\*APPLICANTS SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**