

BELL,SCOTT AND COMPANY LIMITED

Ship house,Ship Street, Off Penrose Quay,Cork City, Cork 1.
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ACCOUNT APPLICATION FORM

COMPANY NAME & ADDRESS: _____

PHONE NO: _____ **FAX NO:** _____

EMAIL ADDRESS: _____

CONTACT NAME: _____

HOW LONG HAS YOUR COMPANY BEEN ESTABLISHED: _____

Do you have a separate DELIVERY/INVOICING ADDRESS ? Please provide details below.

CREDIT TERMS: 30 DAYS NETT

BANK NAME & ADDRESS: _____

If applicable please supply electronic payment codes.

ACCOUNT CODE: _____ **SORT CODE :** _____

PERSON IN CHARGE OF ACCOUNTS _____

NB: Are your supplies to be ZERO VAT rated under Section 13A VAT Act 1972? : YES/NO
*******IF YES PLEASE ATTACH FORM VAT 13B*******

TRADE REFERENCE 1.

TRADE REFERENCE 2.

Fax No. _____ **Fax No.** _____
Tel No. _____ **Tel No.** _____
Email: _____ **Email:** _____

SIGNED: _____ **POSITION:** _____

BELL,SCOTT & CO. LTD. CREDIT TERMS ARE STRICTLY 30 DAYS FROM DATE OF INVOICE.

All goods supplied are subject to our terms and conditions (available on request) and are accepted by signature of our credit acceptance form.

ALL FIRST ORDERS ARE C.O.D.