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|  | [**WWW.SPECTRUMDISTRIBUTION.IE**](http://WWW.SPECTRUMDISTRIBUTION.IE)  Unit F1, Weatherwell Business Park,  Newlands Lucan Road, Clondalkin, Dublin 22, D22 VY32  **TEL:** +353 1 467 0500 **FAX:** +353 1 467 0507 |

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|  | **ACCOUNT APPLICATION FORM** |

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| **COMPANY TRADING NAME** |  |
| **COMPANY NAME** |  |
| **COMPANY ADDRESS** |  |
| **VAT NUMBER** |  |
| **CONTACT NUMBER** |  |
| **EMAIL ADDRESS** |  |
| **DIRECTORS & PARTNERS** |  |
| **BUSINESS TYPE (Sole Trader /Ltd Co)** |  |
| **COMPANY REGISTRATION NUMBER** |  |
| **BANK NAME** |  |
| **BANK ADDRESS** |  |
| **1. TRADE REFERENCE 1 NAME** |  |
| **ADDRESS /CONTACT NUMBER** |  |
| **2.  TRADE REFERENCE 2 NAME** |  |
| **ADDRESS /CONTACT NUMBER** |  |
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| **CONDITIONS OF SALE RELATING TO THIS ACCOUNT APPLICATION.** | |  |
| All prices exclude Vat at appropriate rate. |  |  |
| Goods supplied correctly may not be returned unless specifically agreed. | |  |
| Carriage will be charged at cost for orders under the value €400, orders over value will be delivered FOC. | |  |
| Terms of trading are strictly 30 days end of month on approved accounts. | |  |
| Ownership of the goods will remain the property of the company until payment of the goods has been paid in full. | |  |
| Prices may be subject to surcharge due to exchange rate fluctuations. | |  |
| In the event of goods supplied by the company being deemed faulty, the company shall replace these goods free of charge. | | |
| The company shall not however be liable for any secondary costs. | |  |
| Environmental Management Charges (EMC) will apply where applicable. | |  |
| All stated measurements are given as a guide only, the company will accept no responsibility for errors or omissions. | | |
| The company reserves the right to change product specification or design at any time. | |  |

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| **RESERVATIONS OF TITLE** |  |
| Title of goods shall not pass to the buyer until full payment is received by vendor. | |
| Accounts are due 30 days from end of month. | |

**I HEREBY AGREE WITH THE ABOVE TERMS OF TRADING**

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| **COMPANY NAME** |  |
| **SIGNED** |  |
| **POSITION** |  |
| **DATE** |  |
|  |  |

**Return completed Forms to sales@spectrumdistribution.ie**