

L & S FIREPLACES WHOLESALE AND DISTRIBUTION LTD

Unit 2 & 3 IDA Business Park, Edenderry, Co Offaly

TELE 046 9772817 EMAIL liam@lsfireplaces.ie

Business Credit Application

Name/Address

Last: Middle Initial:	First:	Title		
Name of Business:		Tax I.D. Number		
Address:				
City:	State:	ZIP:	Phone:	

Company Information

Type of Business:	In Business Since:			
Legal Form Under Which Business Operates:				
Proprietorship <input type="checkbox"/>		Corporation <input type="checkbox"/>	Partnership <input type="checkbox"/>	
If Division/Subsidiary, Name of Parent Company:			In Business Since:	
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:
Name of Company Principal Responsible for Business Transactions:			Title:	
Address:	City:	State:	ZIP:	Phone:

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

We hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, We hereby confirm that we have read the Terms and conditions relating to the supply of goods and agree to these conditions.

Signature (authorised to sign)

Date

Signature (authorised to sign)

Date