



Credit Application Form

Your Contact Susan Fitzpatrick
Your Local Depot ctc +353 61 480888

Company Name
Address
Tel Number
Fax Number
Accounts Contact
E-Mail address:
VAT Number

Principals of the Company
Type of Business
Year of formation
Planned Monthly spend

(Please attach copy of VAT form)

Company Reg No.	(if applicable)
-----------------	-----------------

Please supply two credit references and your bank details

Bank Name
Address
Bank Tel No;
Bank Contact Person:

Trade Reference
Company Name
Address
Tel No.
Fax No.
Contact Name
E-mail

Trade Reference
Company Name
Address
Tel No.
Fax No.
Contact Name
E-Mail

We The undersigned hereby agree

1. Unless otherwise specified, all invoices become due for payment 30 days from the date of invoice.
2. Goods are carried subject to the Terms and Conditions of Trading of Irish Express Cargo Ltd.
(As detailed in the copy received by me.)
3. Unless requested, in writing, prior to shipment, goods are not insured for the full value. All Risks Insurance is available on request.
4. Insurance claims are dealt with through our brokers and payment of freight invoices should not be withheld against outstanding claims.

Requested by Print Name
Signature of above
Position in Company
Date of Request

We hereby authorise the above listed Bank and Trade reference to release information to Irish Express Cargo Ltd for the use of evaluation of this Credit request.

Irish Express Cargo Limited. T/A IEC
Raheen Business Park, Raheen, Limerick.
Telephone +353 61 480888 Fax +353 61 480800