

GSMsolutions Credit Application Form

YOUR PERSONAL DETAILS (Person authorised to apply for credit on behalf of business)

Name:	Position:
Address:	
Phone:	

COMPANY DETAILS

COMPANY NAME:		
Legal Form Under Which Business Operates:		
Corporation	Partnership	Proprietorship
If Division/Subsidiary, Name of Parent Company:		In Business Since:
ADDRESS		
MAIN CONTACT NUMBER:		

BANK DETAILS

Bank Name:
Address:
Account Number:
Sort Code:

TRADE REFERENCES

Company Name:	Company Name:
Contact Name:	Contact Name:
Address:	Address:
Phone:	Phone:
Credit Limit:	Credit Limit:

YOUR ACCOUNTS DEPARTMENT

Persons Name:	Contact Number Mobile:
Accounts Email Address:	Contact Number Landline:
Position in business:	Address:
CREDIT LIMIT REQUIRED PER MONTH?	€

CONDITIONS (TERMS ARE NET 30 DAYS UPON CREDIT APPROVAL)

TERMS OF SALE, INCLUDING TERMS OF PAYMENT AND CHARGES, FOR EACH PURCHASE ARE AGREED TO BE THOSE SPECIFIED ON THE FACE OF EACH INVOICE. THE CUSTOMER HEREBY AGREES TO PAY ALL COSTS OF COLLECTION OR LEGAL FEES SHOULD SUCH ACTION BE NECESSARY DUE TO NON-PAYMENT. THE ABOVE INFORMATION IS WILLINGLY SUPPLIED AND THE CREDITOR IS AUTHORISED TO CONTACT THE ABOVE BANK AND TRADE REFERENCES IN ORDER TO ESTABLISH THE CREDITWORTHINESS OF THE ABOVE NAMED COMPANY.

IF THE APPLICANT IS NOT A CORPORATION, THE CREDITOR IS AUTHORISED TO OBTAIN CREDIT REPORTS ON THE PROPRIETORS, PARTNERS OR PRINCIPALS. SHOULD A CREDIT AVAILABILITY BE GRANTED BY THE CREDITOR, ALL DECISIONS WITH RESPECT TO THE EXTENSION OR CONTINUATION SHALL BE IN THE SOLE DISCRETION OF THE CREDITOR. THE CREDITOR MAY TERMINATE ANY CREDIT AVAILABILITY WITHIN ITS SOLE DISCRETION.

I HAVE READ AND UNDERSTAND THE ABOVE TERMS AND CONDITIONS, AND HEREBY AGREE TO THEM:

APPLICANT'S NAME: _____

DATE: _____

APPLICANT'S SIGNATURE: _____



Please return this form by post or email:

Account Department, GSMsolutions, 6/7 Upper Abbey St, Dublin 1, Ireland. accounts@gmsolutions.ie