



# Alperton Engineering Ltd

Moyle Road, Dublin Industrial Estate, Glasnevin, Dublin 11, Ireland  
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Website www.alperton.ie

## APPLICATION FOR CREDIT

Proposed by \_\_\_\_\_ Date \_\_\_\_\_

(Section 1)

COMPANY \_\_\_\_\_ CONTACT \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ e-mail \_\_\_\_\_

Invoice & Statement Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We prefer to send invoices and Statements by E-Mail. Please provide e-mail address for receipt of same

E-Mail \_\_\_\_\_

If this is not suitable please ✓ this box and we shall send all Invoices and Statements by Post

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(Section 2)

### Legal Status

Registration No. \_\_\_\_\_

VAT No. \_\_\_\_\_

VAT Exemption No. \_\_\_\_\_

Please send copy of up to date VAT exemption certificate

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(Section 3)

Please confirm:-

How long are you established (approx) \_\_\_\_\_ years

Business Activity \_\_\_\_\_

Our expected payment time shall be :- 1-30days 30-45days 45-60days 60-75days  
Please underline as appropriate e.o.m e.o.m e.o.m e.o.m

Maximum amount of credit required    €1,000+            €5,000+            €10,000+            €20,000+  
Please underline as appropriate

Approximate amount of transactions in a month    1-5            5-10            10+  
Please underline as appropriate

**(Section 4)**

The following information must be provided. It will be held in strict confidence and be used for credit purposes only.

**BANK REFERENCE**

_____	_____
Contact	Account No.
_____	_____
Name of Bank	Sort Code
_____	
Address	
_____	
_____	_____
Phone	Fax
_____	
E-Mail	

**REFERENCES**

(1)	_____	_____	_____
	Business Name	Phone	Fax
	_____		
	Address		
(2)	_____	_____	_____
	Business Name	Phone	Fax
	_____		
	Address		
(3)	_____	_____	_____
	Business Name	Phone	Fax
	_____		
	Address		

I certify that all the information on this form is correct.

Signed \_\_\_\_\_ Title \_\_\_\_\_  
Date \_\_\_\_\_

**RETURN TO:**  
**CLARE COMISKEY-KIERNAN CREDIT CONTROL DEPT. (FX 01 – 8306458)**

CCM CREDIT APPL FM-002, REV B

(Section 5 )

**STRICTLY FOR INTERNAL OFFICE USE**

**Customer:** \_\_\_\_\_

Account facility proposed by \_\_\_\_\_ Date \_\_\_\_\_

When is the account facility required by \_\_\_\_\_

(If required immediately section 1+2 must be completed and the following authorization signed)

Approval for immediate account facility \_\_\_\_\_

Signed

Has the customer had any Cash Sales Yes / No

If yes last transaction Invoice no. \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Payment method \_\_\_\_\_ Date \_\_\_\_\_

When should customer be blocked for overdue account  
+ 31 days e.o.m    45 days e.o.m.    61 days e.o.m    Other

How was account developed:    Phone    Visit    Referral    Internet    Other

\_\_\_\_\_

Notes

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\_\_\_\_\_

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\_\_\_\_\_

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\_\_\_\_\_

Signed