



Electronic Circuit Technologies Ltd
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To open an account we will need the following:

- This Form Completed
- Your agreement to our credit terms confirmed by signing Page 2
- A copy of your letter head (marked for reference only)

Application for credit account (Pg 1)

Name of Company: _____

Address: _____

Main Telephone No: _____

Fax No: _____

Vat No: _____

Company Registration No: _____

(1) Please give a contact name and details for each the following departments:

Purchasing Contact: _____

Phone no: _____ E-mail: _____

Accounts Contact: _____

Accounts Ph No: _____ E-mail: _____

Production Contact: _____

Production Ph No: _____ E-Mail: _____

Application for credit account (Pg 2)

Delivery address: _____

Credit Limit requested: € _____ (Not necessary)

Are you Vat Exempt: _____ Vat Exemption No: _____

* If your company is Vat exempt please provide a copy of your latest Vat exempt Form (13B)

Please give the name, address and phone no. of two companies of which you have current credit accounts with

1. _____ 2. _____

I the undersigned confirm that I am authorised to apply for a credit account and hereby agree to the terms and conditions laid out in this form.

The information that you provide shall be held in the strictest confidence.

Name: _____ Position: _____

Date: _____ Signed: _____