

Company Name/Trading Style \_\_\_\_\_

Address \_\_\_\_\_

**Min. €400 per month required for Credit Account.**Limited Company  Sole Trader  Partnership 

If Sole Trader - Private address \_\_\_\_\_

**If Partnership - Give name and address of each partner - (on separate sheet.)**

Limited Co. Name \_\_\_\_\_ Co. Reg. No. \_\_\_\_\_ No. of Staff \_\_\_\_\_

Directors Name \_\_\_\_\_ D.O.B \_\_\_\_\_

Directors Name \_\_\_\_\_ D.O.B \_\_\_\_\_

VAT No. 

Buyer's Name \_\_\_\_\_ Email \_\_\_\_\_

Accounts Contact \_\_\_\_\_ Email \_\_\_\_\_

T: \_\_\_\_\_ | M: \_\_\_\_\_ | Fax: \_\_\_\_\_

Web: \_\_\_\_\_ Length of time in business: \_\_\_\_\_

Areas of Business: Printing  Stationery  Resell  Broker Credit Required Per Month € \_\_\_\_\_ **Please attach current Tax Clearance Cert.****Trade Reference**

1. Name \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

**Bank Details** Name \_\_\_\_\_

Address \_\_\_\_\_

Preferred Payment Method: Credit Transfer  Credit Card  Cheque Please return completed form to: [accounts@realt-paper.com](mailto:accounts@realt-paper.com)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_