



# ACCOUNT APPLICATION

**FAGAN OFFICE SUPPLIES / fagan print & design**

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**fagan**  
print&design

NAME: \_\_\_\_\_ DIRECTOR'S NAME: \_\_\_\_\_

TRADE NAME (IF DIFFERENT THAN ABOVE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ EMAIL: \_\_\_\_\_

ACCOUNT EMAIL: \_\_\_\_\_ PURCHASING EMAIL: \_\_\_\_\_

BANKER'S NAME: \_\_\_\_\_

BANKER'S ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

I AGREE TO RECEIVE INVOICES, STATEMENTS & PROMOTIONAL MATERIAL VIA EMAIL. RE: GDPR & FOR FAGAN OFFICE SUPPLIES TO HOLD MY CONTACT INFORMATION FOR BUSINESS RELATED MATTERS. PLEASE TICK

**REFERENCES: GIVE FULL NAME, ADDRESS & TELEPHONE NUMBER OF A MERCHANT WITH WHOM YOU HAVE MAINTAINED A CREDIT FOR ONE YEAR**

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

CONTACT(S): \_\_\_\_\_

**CREDIT TERMS: 30 DAYS**

**CREDIT LIMITED APPLIED FOR - MONTHLY** \_\_\_\_\_

*I AGREE TO ABIDE BY THE CREDIT TERMS*

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

POSITION: \_\_\_\_\_

**OFFICE USE ONLY**

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**NOTES:**

Van Route \_\_\_\_\_ Rep Code \_\_\_\_\_ Type of Business \_\_\_\_\_