

**CREDIT APPLICATION FORM FOR
LONERGAN TRADING CO. LTD**

Full name of customer:

Business or trading name:

Address of business:

Postal address:

Ph/Fax no:

Email Address:

Type of business: (please circle as appropriate)

- | | | | |
|-------------|-------------|---------------|----------|
| 1. Company | Partnership | Sole operator | Other |
| 2 Gift shop | Souvenirs | Jeweller | Pharmacy |
| Other | | | |

Company:

Full company name (if different to above):

Directors:

Managing or principal director:

Company secretary:

Shareholders:

Partnership:

Name of partnership:

Date of commencement of partnership:

Full names of partners:

Managing or principal partner:

Residential address of managing partner:

Sole operator:

Full name of operator:

Residential address:

Other:

(provide details)

Number of years of trading:

Names of other persons who may be contacted:

General manager:

Accountant:

Sales manager:

Other:

Bankers:

Accountants:

Credit references who may be contacted: (please list three credit references and their phone number)

- 1.
- 2.
- 3.

Authorization is given by the customer to make such enquiries as may be considered appropriate for the purposes of assessing the suitability or acceptance of the customer's trading and credit standing including enquiries to the bankers and accountants of the customer.

Name of person completing this form:

Date of completion of this form:

Please fax the Credit Application Form to 09-8136565