



ACCOUNT APPLICATION FORM

Please attach a sample of your headed paper with this application

Company Name _____

Type of Business (Please tick) Ltd. Co Sole Trader Partnership

Company Registration number _____ VAT Reg No _____

Invoice Address _____ _____ _____	Delivery Address _____ _____ _____
Eircode _____	Eircode _____
Phone No _____	Phone No _____
Directors Name _____ Address _____ _____ _____	Directors Name _____ Address _____ _____ _____

For Invoicing, please contact

Name _____ Direct Line _____

Email Address _____

For Orders, please contact

Name _____ Direct Line _____

Email Address _____

If you would like to be emailed our monthly newsletter including offers, please tick the box next to the email address above.

If you would like it sent to a different email address _____

Trade References (these must be completed in full)

Name _____ Name _____

Address _____ Address _____

Phone _____ Phone _____

Contact _____ Contact _____

Name _____ Name _____

I/We apply for credit facilities as outlined above and hereby authorise you to apply for credit references from the referees outlined above. I/We agree to the terms and conditions of sale governing trading with you and also to payment of our account within the above credit terms.

Signed _____ Position _____

For Office Use Only Code _____ Rep _____

GBPG _____ CPG _____ Terms _____

ToS _____ CDG _____ Method _____



TERMS AND CONDITIONS OF ITALICATESSEN LTD

PRICES

All orders are subject to availability.
Prices are subject to change without notice.
All prices quoted are exclusive of VAT.
VAT is applicable on certain products.

TITLE

All goods supplied remain the property of Italicatessen Ltd until payment has been received in full.
We reserve the right to repossess goods not paid for as agreed.

CREDIT TERMS

Goods will only be supplied on a cash on delivery basis until such time that a fully completed and approved credit application form is processed by our Credit Control department.
Please note that credit applications can take up to 7 working days to process.
Application forms are available from our sales office/team.
MAXIMUM CREDIT WILL BE 7TH OF THE MONTH FOLLOWING DELIVERY

DELIVERY

All delivery areas must be hand trolley accessible and ground floor only.
Deliveries below a certain monetary value and within non-urban areas may attract a delivery charge.

CLAIMS

All goods should be examined at the time of delivery and best before dates checked before a clear signature is given.
No claim for missing or damaged goods will be accepted later on.
Returns must be noted in returns section of delivery dockets.
All goods must be returned in their original box.
Any further claims must be made directly to our office within 24 hours of delivery.
Please contact our sales office regarding delivery arrangements.
Failure to comply with any part of the above criteria will result in non-acceptance of claim.

UNPAID SERVICE CHARGES

PLEASE NOTE THAT A €20 SERVICE CHARGE WILL APPLY TO EVERY RETURNED CHEQUE OR UNPAID DIRECT DEBIT.

Signatures for goods should be by authorised personnel and shall be binding against the company and guarantors.

SIGNED _____

DATE: _____



Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form including official use box using a ball point pen and send it to:

Italicatessen Limited
 Block F
 Newtown Business & Enterprise Centre
 Newtownmountkennedy
 Co. Wicklow

Service user number

8	6	2	0	1	4
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FOR Italicatessen Limited OFFICIAL USE ONLY
 This is not part of the instruction to your bank or building society.

Name(s) of account holder(s)

Bank/building society account number

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Branch sort code

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Name and full postal address of your bank or building society

To: The Manager Bank/building society
Address
Postcode

Instruction to your bank or building society

Please pay Italicatessen Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Italicatessen Limited and, if so, details will be passed electronically to my bank/building society.

Signature(s)
Date

Reference

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DD11

Banks and building societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the payer.



The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Italicatessen Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you Italicatessen Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, Italicatessen Limited or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when Italicatessen Limited asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



Italicatessen Ltd

Email: info@italicatessen.ie
www.italicatessen.ie

Bank Account Details

Italicatessen Ltd	Bank of Ireland Enniskillen - Co. Fermanagh
Account Nr. NSC	64494038 904886
IBAN	GB71 BOFI 9048 8664 4940 38
SWIFT Address	BOFIGB2B

Please quote your Customer ID in the wire transfer subject