

RocheFreight Ireland Limited

**Kilrane,
Rosslare Harbour,
Co.Wexford
Ireland**

Tel:00 353 53 91 61144

Fax:00 353 53 91 33796

email: accounts@rochefreight.ie

Please post Original to Above Address. For attention of Credit Controller
CREDIT ACCOUNT APPLICATION FORM – To be Completed by Applicant

Full Trading Name:	
Address:	
	Postal Code:
Tel No:	Fax No:
Web Site:	
Directors:	
VAT No:	
VAT Auth:	Expiry Date:

Transport Contact:	
Tel No:	Email:
Accounts Contact:	
Tel No:	Email:
After Hours Contact:	
Tel No:	Email:

FOR LIMITED COMPANIES ONLY

Registered Company Name:	
Registered Address:	
Tel No:	
Company Registered No:	Date Registered:

BANK DETAILS

Name of Bank:	Address:
Account Name:	
Account Number:	Sort Code:
Telephone Number:	
Cheque Signatures: (Block Capitals)	

MONTHLY CREDIT REQUIREMENTS

State amount required for one month's trading

Directors : Damien A.Roche (Chief Executive) Conor Roche (Chairman) Martin Hall (UK) Josephine Roche

FREIGHT FORWARDERS: LAND- AIR- SEA :NATIONWIDE DISTRIBUTION , WAREHOUSING & SHIPPING AGENTS:
CUSTOMS CLEARANCE ; LOGISTICS SOLUTIONS



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PLEASE GIVE NAMES AND ADDRESSES OF 2 TRADE REFEREES TO WHOM WE MAY APPLY:

Name:.....
Address:.....
.....
.....
Tel No.....
Fax No.....
How long Trading.....

Name:.....
Address:.....
.....
.....
Tel No.....
Fax No.....
How Long Trading.....

DECLARATION

I/we have received Trading Conditions and accept Conditions in full on all goods carried on behalf

Authorised Signatory: (Block Capitals)	
Position in Company:	
Signature:	Date:

SPECIAL REQUIREMENTS

Any Special Requirements for Invoices/Paperwork/Transport/Storage

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