



NEW CUSTOMER FORM

**Unit 18g Dungarvan Business Park
Dungarvan
Co. Waterford
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Fax: 00 353 58 23159
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www.tarascookies.com**

SECTION 1 - Complete either 1.1 OR 1.2	
1.1(a) Name of Limited Company	
1.1(b) Limited Company Registration No:	
1.2 Name & Trading Style of sole Proprietorship/Partnership	
ALL APPLICANTS - VAT registration No:	
SECTION 2	
PURCHASING CONTACTS - Names and Telephone Numbers	ACCOUNTS CONTACTS - Names and Telephone Numbers
TELEPHONE NUMBER Tara's can call to obtain your orders	EMAIL ADDRESS and WEBSITE
INVOICE ADDRESS / BUSINESS ADDRESS / PROPRIETOR'S ADDRESS / PARTNERS ADDRESS	DELIVERY ADDRESS, if different from Invoice/Business address
Fax No :	Earliest time delivery can be made:
SECTION 3	
YEAR BUSINESS ESTABLISHED	NATURE OF BUSINESS
TRADE REFERENCES - Please give Names, Addresses and Tel Nos of two companies with whom you have a credit account and do regular business	
NAME:	NAME:
ADDRESS:	ADDRESS:
TEL:	TEL:

I/We hereby request that an account be opened for me/us in accordance with the above particulars. I/We agree that all orders given to you, and supplies of goods by you, shall be subject to your Trading Terms & Conditions.

Signed:	Name (in capitals):	Date:
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