

Gerard's Café & Deli

www.gerardsdeli.com

NEW ACCOUNT CREDIT APPLICATION FORM

Company Name: _____

Trading Name if Different _____

Delivery Address: _____

Contact Name: _____

Phone Number: _____

Fax Number: _____

Email: _____

Please fill in Billing / Accounts details below if different from above

Billing Address: _____

If different from above: _____

Accounts Contact Name: _____

Accounts Phone Number: _____

Accounts Fax Number: _____

Accounts Email: _____

Any other information: _____

Authorised Signature: _____

Date: _____

TERMS & CONDITIONS

Please allow 24 hours to process your application form. You will be notified when your account is activated. For online ordering you will be given a username and password which will be required when placing orders online.

Please retain a copy of each invoice as proof of receipt. Upon opening an account Gerards Cafe & Deli reserves the right to establish a monthly credit limit. Gerards Cafe & Deli reserves the right to cancel your account at any time.

BILLING INFORMATION

Statement of charges will be mailed or emailed out to you every month, indicating invoices incurred during the previous month.

We operate a strict policy of 30 days credit.

Cheques should be made payable to:

Gerards Cafe & Deli
Head Office
4 Lower Leeson Street
Dublin 2

For online payments please email accounts@gerardsdeli.com and we will send you on our details.

Please note the account holder is responsible for contacting Gerards Cafe & Deli should any individual cease to be authorized to order.

Accounts@gerardsdeli.com
Ph: 01 6615703

ONCE COMPLETE PLEASE RETURN TO:

FAX 01 6615708
POST Gerards Café & Deli, 4 Lower Leeson St, Dublin 2
EMAIL accounts@gerardsdeli.com