



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: _____



Italicatessen Ltd

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

Bank Account Details

Italicatessen Ltd	Bank of Ireland Blackrock - Co. Dublin
Account Nr. NSC	86289326 901028
IBAN	IE76 BOFI 9010 2886 2893 26
SWIFT Address	BOFIE2D

Please quote your Customer ID in the wire transfer subject



Italicatessen Ltd
Block F, Newtown Business & Enterprise centre
Newtown Mount Kennedy,
Co Wicklow
Email: info@italicatessen.ie
Web: www.italicatessen.ie

SEPA Direct Debit Mandate

Unique Mandate Reference:
Creditor Identifier:

Legal Text: By signing this mandate form, you authorise (A) Italicatessen Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Italicatessen Ltd.
As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.
Please complete all the fields below marked *

* Name:
* Address:
* Town:
* County:

* Account number (IBAN):

* Swift BIC:

Please Return to:
Creditors name and address: **Italicatessen Ltd**
Credit Department
Block F, Newtown Business & Enterprise Centre
Newtownmountkennedy
Co Wicklow
Ireland

Payment type: Recurrent

* Date of Signing:

* Authorised Bank Signature(s):	<input type="text"/>
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	SEPA BUSINESS SERVICE DIRECT DEBITS DEBTOR CONFIRMATION	CREDITOR'S NAME & LOGO (Optional field)
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This Confirmation is given by the debtor named below ("Debtor") to the creditor named below ("Creditor") and to each paying bank of the Debtor (the "Debtor Bank") which is in receipt of one or more direct debits ("SEPA Direct Debit(s)") originated by the Creditor attributable to and for the account of the Debtor under and pursuant to the SEPA Core Direct Debit Scheme ("Scheme"). The purpose of this Confirmation is to facilitate the utilisation by the Debtor of SEPA Direct Debit(s) in order to pay sums owing by the Debtor in the ordinary course of its business to the Creditor. This Confirmation is governed by Irish law.

The Debtor hereby irrevocably confirms to and for the benefit of the Creditor and each Debtor Bank:

- (A) That the Debtor is not a 'consumer'¹ for the purposes of the Payment Services Regulations²;
- (B) That the Debtor's right to a refund for any authorised SEPA Direct Debit shall extend only to such refund right(s) as the Debtor may have under the Payment Services Regulations, and shall not include any other right to a refund arising under the rules of the Scheme, or in any direct debit mandate given by the Debtor to the Creditor in relation to the Scheme or otherwise, or in any terms of business issued by the Debtor Bank from time to time;
- (C) That in respect of any authorised SEPA Direct Debit which has been paid by the Debtor Bank, the Debtor Bank is authorised to reject any refund request(s) from the Debtor in respect of such SEPA Direct Debit other than in the circumstances described in (B) above.

This confirmation applies only to SEPA direct debits using the Debtor IBAN(s) and Creditor ID(s) listed below.

Debtor Name:	
Debtor IBAN (s)	

Creditor's Name: (Pre-populated)	I T A L I C A T E S S E N L T D
Creditor's ID(s): (Pre-populated)	

Please sign here:	Signature(s) _____	Date: <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> DDMMYY						

Please return to:	<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;">Creditor's Name (Pre-populated)</td> <td>I T A L I C A T E S S E N L T D</td> </tr> <tr> <td>Creditor's Address (Pre-populated)</td> <td>Block F, Newtown Business & Enterprise Centre</td> </tr> <tr> <td></td> <td>Newtownmountkennedy, Co Wicklow</td> </tr> <tr> <td></td> <td>Ireland</td> </tr> </table>	Creditor's Name (Pre-populated)	I T A L I C A T E S S E N L T D	Creditor's Address (Pre-populated)	Block F, Newtown Business & Enterprise Centre		Newtownmountkennedy, Co Wicklow		Ireland
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	Newtownmountkennedy, Co Wicklow								
	Ireland								

¹ A 'Consumer' is a natural person who, in payment contracts covered under the Payment Services Regulations, is acting for purposes other than his trade, business or profession

² EC (Payment Services) Regulations 2009 (SI No. 383 of 2009)