

# New Account Application Form

Life-Cycle <b>internal use only</b>				
Date received				
Date activated				
Account Number				
Account created by				
Life-Cycle Representative				
В	Т	V	Е	

## **Please Note**

- 1. All customers must have commercial rateable premises
- 2. We cannot despatch any orders until this form is completed and returned to us
- 3. All sections of this document are mandatory fields
- 4. Your first order must be a minimum of €500 excluding VAT smaller stores please contact us
- 5. All Northern Ireland accounts are set up in GBP and we use a GBP Bank Account for processing payments

# Please fill in the following information, all fields must be completed.

Company Information		
Company/Business Name:		
Any other name that may appear on cheques or bank transfers:		
Trade Contact Personnel:		
Accounts Payable Personnel:		
Full Postal Address		
Street:		
Town:		
County:		
Post Code:		
Landline Phone Number:		
Mobile Phone Number:		
Fax Number:		
Email Address for order acknowledgement:		
Email Address for account query and statement:		
Website:		
Where did you hear about Life-Cycle:		
VAT Number:		
Company Registration Number:		

**Free €25 Account Credit**: We provide Premium Retül Bike Fitting and Cleat Fitting at Bike Fit Studio. Should you recommend us to any cyclist and they book a bike fitting session with us then you will receive a Credit Note on your Account for €25 for each bike fitting. See <u>www.bikefitstudio.ie</u> for further details.

Unit 3, Block 4, City North Business Campus, Gormanston, Co. Meath K32 XF70 Tel: +353 (1) 8433712 | Mob: +353 (0)87 2388548 | Fax: +353 (1) 8433037 | Email: info@cycle.ie | www.cycle.ie Company Registration Number: 406118 | VAT Number: 6426118C



Background to the company			
What type of business are you:			
How long has your business existed:			
What is the estimated value of your monthly purchases: €			
Please fill in the following section that applies to you			
Sole Trader			
Full Name of Proprietor/Partner:			
Address			
Street:			
Town:			
County:			
Post Code:			
Home phone number:			
Mobile phone number:			
Limited Company			
Name(s) of Director(s)			
Registered Office address			
Street:			
Town:			
County:			
Post Code:			
Company Registration Number:			
Date of establishment:			
Please enclose latest set of statutory accounts			

References who can speak for this level of business		
Trade Reference 1	Trade Reference 2	
Company:	Company:	
Contact Name:	Contact Name:	
Address	Address	
Street:	Street:	
Town:	Town:	
County:	County:	
Post Code:	Post Code:	
Telephone Number:	Telephone Number:	
Fax Number:	Fax Number:	
Email:	Email:	



#### **Bank Details**

Account Name:
Account Number:
Sort Code:
Bank Name:
Bank Address
Street:
Town:
County:
Post Code:

Please authorize us to request a reference from your bank by signing here:

Signature:

### Confirmation

*I hereby confirm that I have read and accept Life-Cycle Limited Terms & Conditions and that all information listed above is true and correct.* 

No variation to Life-Cycle Conditions shall be effective unless agreed in writing by the Company.

Signed:

Print Name:

Position:

Date: