



New Account application form

Please complete the form below and return it to your closest branch.

(Head Office)

50 Eastgate Drive,
Eastgate Business Park,
Littleisland,
Co Cork.

Tel: + 353 21-4354204

Fax: + 353 21-4354653

E-mail: cork@reliancebearing.ie

John F Kennedy Road,
John F Kennedy Industrial Estate,
Naas Road,
Dublin 12.

Tel: + 353 1 4502821

Fax: + 353 1 4501172

E-mail: dublin@reliancebearing.ie

13 Broad Street,
Limerick.

Tel: + 353 61 419158

Fax: + 353 61 416981

E-mail: limerick@reliancebearing.ie

RELIANCE

PROPOSED NEW ACCOUNT PARTICULARS

RBG-01/F5/E

COMPANY INFORMATION

Company name:					
Phone:		Fax:		E-mail:	
Address:					
City:		County:		Post Code:	
Website address:					
Co. Reg No:		Vat No:		Years in business:	

CONTACT INFORMATION

Purchasing Contact:					
E-mail:		Fax:		Phone:	
Accounts Contact:					
E-mail:		Fax:		Phone:	
Stores Contact:					
E-mail:		Fax:		Phone:	

TRADE REFERENCES

Reference 1

Company name:					
Address:					
City:		County:		Post Code:	
Contact:					
Phone:		Fax:		E-mail:	

Reference 2

Company name:					
Address:					
City:		County:		Post Code:	
Contact:					
Phone:		Fax:		E-mail:	

NOTES

1. If Vat Exempt please enclose a Vat 56B Authorisation Form.
2. Please enclose your company letterhead with your application.
3. Please allow approx 1 week for approved accounts to be activated.
4. Payment on credit accounts will be due 30 Days from end of month.
5. GDPR compliance – in order for your account to be created you will need to give us consent to store and use the above data. This data is not shared with any 3rd parties. Information on your rights is available at www.dataprotection.ie

Tick here to give data consent ***Required**

Tick here to receive email correspondence This is occasional offers and information about new products

DETAILS OF PERSON COMPLETING THIS APPLICATION

Name:		Title:	
Phone:		Fax:	
		E-mail:	