

TRADALA GORM LTD.

Customer ID: _____

Talbot Street, Dublin 1.

NEW CUSTOMER APPLICATION FORM:

You must complete and return this form to be considered for a new account.

You're Company Name: _____

Address: _____

City: _____ State _____ Eir code: _____

Business Fax: _ (____) _____

Business Phone: _ (____) _____

E-Mail Address _____

Wholesaler Retailer Distributor

Owner's Name _____ Mobile: (____) _____

Your Bank (name and address) _____

Date your business was established: _____