CUSTOMER APPLICATION FORM FOR USE OF CYLINDERS

IRISH OXYGEN

Please complete all fields marked *

surname * *(person responsible for ordering supplies)*	**first name ***	
company name *		
company registration number *		
address *		
town/city *	**county ***	
telephone *	**mobile ***	**fax**
email *		

electronic correspondence *

I wish to receive invoices and statements electronically via email? YES ☐ NO ☐

I\we confirm receipt of starter pack containing **SAFETY DATA SHEETS** on the gases received and other safety, handling and transport information. * initials to agree

In taking cylinders from Irish Oxygen Company Ltd, or through any agent of theirs, I/we have read and agree to be bound by their conditions of sale and I/we will not give, loan, rent, sell or otherwise dispose of any cylinders issued to me/us, which remain the property of Irish Oxygen. * initials to agree

I/we agree to keep the cylinders in good condition and will be responsible for any damage caused to them or by their use. I/we will return all cylinders to Irish Oxygen Company Ltd at my/our own expense immediately they are empty or should I/we cease to use them, but in any case within 12 months of the date of issue. * initials to agree

If a credit account is approved, all invoices must be paid within 30 days from end of month and are subject to the terms of the European Communities (Late Payment in Commercial Transactions) Regulations SI580 of 2012 and I/we agree to pay interest and compensation on any late payments as set out by these regulations. * initials to agree

Irish Oxygen complies with EU General Data Protection Regulations and business data is held on customers. An individual is entitled to review his/her data and have it corrected or removed as appropriate. * initials to agree

medicinal products *

Is this customer looking for the supply of medicinal gases? YES ☐ NO ☐

If yes, an additional form RE.IOC.13.18.1 must be completed and submitted.

customer's signature*	**position within company**	**date *** D D / M M / Y Y Y Y
agent name *	**agent signature ***	

IRISH OXYGEN USE ONLY | **Customer Account No.** | **Processed by *(staff initials)***

SEPA DIRECT DEBIT MANDATE

IRISH OXYGEN

Unique Mandate Reference (UMR) ***to be completed by Irish Oxygen***

By signing this mandate form, you authorise (A) Irish Oxygen Company Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Irish Oxygen Company 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.

Please complete all fields marked *

debtor name *	
debtor address	
city	
post code	**country**
debtor account number – IBAN *	

Don't know your IBAN/BIC?
1. Leave this space blank
2. Write your bank account & sort code numbers overleaf
3. We will get your IBAN/BIC

creditor name Irish Oxygen Company Ltd.	**creditor identifier** I E 8 4 S D D 3 0 0 1 9 0
creditor address Waterfall Road	
city Cork	
post code n/a	**country** Ireland

type of payment

recurrent payment ☑ or one-off payment ☒

date of signature * D D / M M / Y Y Y Y

signature(s) *

Please return this mandate to Irish Oxygen Company Ltd, Waterfall Road, Cork, Ireland.

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.