



Fuel Distributors Association of Ireland
 Whitegates Service Station, Whitegates,
 Wicklow Town, Co. Wicklow.
www.f dai.ie

email info@fdai.ie

APPLICATION FORM

(PLEASE COMPLETE FORM USING BLOCK LETTERS)

COMPANY NAME _____

TRADING AS _____

POSTAL ADDRESS _____

TEL _____ MOBILE _____ FAX _____

EMAIL ADDRESS _____

MARKED FUEL TRADERS LICENSE REF (MAIN DISTRIBUTION PREMISES):

TICK - I AGREE TO THE FDAI TERMS & CONDITIONS
 (See website: www.f dai.ie)

TICK - I AGREE TO RECEIPT OF FDAI NEWS, NEWS-LETTERS, INFORMATION & SURVEYS
 BY MAIL, EMAIL AND/OR TEXT

SIGNATURE _____ DATE ____/____/____

COMPANY/BUSINESS POSITION _____

SUBSCRIPTION RATES (RATES ARE SUBJECT TO VAT AT 23%)

COMPLETE STANDING ORDER FORM ATTACHED

(FIRST SUBSCRIPTIONS MAY BE PAID BY CHEQUE PAYABLE TO: FUEL DISTRIBUTORS
 ASSOCIATION OF IRELAND)

DISTRIBUTOR/RESELLER ANNUAL TURNOVER	EXCL' VAT	INCL' VAT
LESS THAN €10,000,000 PA	€ 320.00	€393.60
GREATER THAN €10,000,000 PA	€ 450.00	€553.50

NOTE: THE FDAI RESERVES THE RIGHT TO REFUSE OR CANCEL SUBSCRIPTION.



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STANDING ORDER FORM

FUEL DISTRIBUTORS ASSOCIATION OF IRELAND

TO: THE MANAGER,

BANK: _____

BRANCH ADDRESS _____

DATE: ____/____/____

PLEASE CHARGE TO

ACCOUNT NAME: _____

NSC						BANK ACCOUNT NUMBER									

QUOTING DESCRIPTION:

F	D	A	I
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AND PAY TO:

ACCOUNT NAME: FUEL DISTRIBUTORS ASSOCIATION OF IRELAND

BANK/BRANCH: ALLIED IRISH BANK, MAIN STREET, BRAY, CO. WICKLOW.

NSC						BANK ACCOUNT NUMBER								
9	3	3	4	8	1		3	4	8	2	2	0	5	6

THE AMOUNT BELOW STARTING ON ____/____/____

€ _____ AMT IN WORDS: _____

SIGNATURE: _____

NAME: _____

(BLOCK LETTERS)

ADDRESS: _____

WHEN COMPLETED, PLEASE RETURN FORM TO THE FDAI AT THE HEADER ADDRESS.