

Supply-Line Verify Application Form

1. Organisation details: Please print your details clearly using capital letters

Organisation Name:	Supply-Line Supplier Number:
Contact Name:	Position:
(Principal contact for the organisation of the audit; they do not necessarily have to attend the audit)	
Address:	
	Postcode:
Phone (Office):	Phone (Mobile):
Email:	Website:

2. Audit Category: Please choose one option from below

Audit Category	Annual Fee
B2 Audit (scheduled in 6-8 weeks)	<input type="checkbox"/> €2,250 (VAT 23% for Irish suppliers €2,767.5)
B1 Audit (scheduled in 6-8 weeks)	<input type="checkbox"/> €1,400 (VAT 23% for Irish suppliers €1,722)
C Audit (scheduled in 6-8 weeks)	<input type="checkbox"/> €1,400 (VAT 23% for Irish suppliers €1,722)
A Audit (scheduled in 6-8 weeks)	<input type="checkbox"/> €400 (VAT 23% for Irish suppliers €492)
Fast Track (Cat C, B2 and B1, scheduled in 3-4 weeks)	<input type="checkbox"/> Additional €350 (VAT+ €430.50)

3. Payment Details: Please note fees must be paid in advance

Cheque enclosed € _____ Payable to "Achilles Procurement Services Ltd"

Bank Transfer

Account Name:	Achilles Procurement Services Ltd
Bank Name:	AIB Bank
Swift Code:	AIB KIE 2D
Account No.:	28188
Sort Code:	93-31-71
IBAN No.:	IE 80 AIBK 933171 00028188

PLEASE ENSURE APPLICANT COMPANY NAME IS SPECIFIED ON BANK PAYMENT

Please charge my credit card: Visa MasterCard Amex

Card No: _____ Card Expiry Date: ____ / ____ / ____ CCV No: ____

Card Holders Name: _____