## **Agency Co-operation Form with Commission Rate**

Section 1 Company Name:	
Trading Name:	
Address:	
City:	G-DCA
Post Code: Country:	
Contact Name:	Position:
E-mail:	Phone:
Web:	_ Fax:
Section 2 PUSINESS SECTOD.	NO OF CUSTOMEDS.
BUSINESS SECTOR:NO OF CUSTOMERS: BANK DETAILS:- A/C NAME:	
BANK NAME: IBAN NO:	
BANK ADDRESS:	
A/C NO:BANK BIC / SWIFT CODE:SORT CODE:	
REGISTERED OFFICE ADDRESS (If different to above):	
COMPANY REGISTRATION No:VAT No:	
TERMS OF PAYMENT: LATE PAYMENT INTEREST (Y/N): % RATE Per Annum:	
DO YOU WANT TO RECOVER DEBT COLLECTION COSTS (Y/N):*A copy of the Creditors Terms & Conditions to be provided if recovery of Late Payment Interest, Debt Collection & Other costs is required*	
MEMBER OF ANY ASSOCIATION (Y/N):NAM	<b>МЕ:</b>
ORDER NOS. REQUIRED? Y/N Order number fo	or services currently required:
I/WE ACKNOWLEDGE THAT I/WE ARE IN AGREEMENT TO REFER AND RECEIVE ACCOUNTS FOR COLLECTION ON A RECIPROCAL BASIS AND THAT IT IS FURTHER AGREED THAT ACCOUNTS REFERRED OR RECEIVED WILL BE COLLECTED ON A NO COLLECTION NO FEE BASIS WITH COMMISSION OF 10% (Ex VAT) TO BE LEVIED ON THE VALUE OF ANY PAYMENTS MADE BY THE DEBTOR(S) FROM THE DATE THAT AN ACCOUNT IS REFERRED OR RECEIVED FOR COLLECTION BY EITHER PARTY.	
<del></del>	For and Behalf of: G-DCA Cash Flow Fulfilment Registered Office: 20 Harcourt Street, Dublin D02 H364, Ireland
SIGNATURE:	SIGNATURE:
NAME:(BLOCK CAPITALS PLEASE)	NAME: Pascal Walsh
DATE:	DATE: 27 <sup>th</sup> January 2023
This constitutes an agreement between G-DCA (Cash Flow Fulfilment) and the individual or entity referred to above in section 1:	
OFFICE USE ONLY           Signed:         Date a/c opened	
Signed: Date a/c opened (BLOCK CAPITALS PLEASE)	

FEE STRUCTURE: 10% Commission for payments collected & goods returned if returns agreed by Creditor FILE OPENING FEE: None