

SHAWS CHARGE CARD APPLICATION FORM



FOR OFFICE USE ONLY

IMPORTANT INFORMATION

Please open a Shaws Charge Card account for me. I understand that Shaws reserve the right to refuse this application or to impose conditions (which may include a third party guarantee) other than the terms and conditions printed at the end of this form.

A Shaws Charge Card allows you to obtain goods or services in any Shaws store on credit. A Credit Limit will be assigned to your account at the discretion of Shaws and you will be advised of this limit pending approval of this application. The cash price of each purchase will be charged to your Shaws Charge Card account and will be repaid with a service charge by weekly/monthly installments, as per the terms and conditions. The cash price of the goods or services will be displayed or set out on the purchase invoice.

PERSONAL DETAILS

Surname

First Name

Date of Birth

Surname Joint Applicant/Additional Cardholder

.....

First Name Joint Applicant/Additional Cardholder

.....

Date of Birth

Please tick: Single Married Widowed Separated

Address

.....

Time at this Address: Years Months

Owner Joint Owner Tenant Living with Parents

No. of Dependant Children

Home Telephone

Mobile Telephone

Work Telephone

Email

Previous Address

.....

EMPLOYMENT DETAILS

Occupation

Employer's Name

Address

.....

How long at Present Employment: Years Months

Previous Occupation

Name and Address of Previous Employer

.....

Spouse/Partner's Occupation

Spouse/Partner's Employer's Name and Address

.....

How long at Present Employment (Spouse/Partner): Years Months

FINANCIAL DETAILS

Bank Branch

Account No.

Visa/Mastercard

Any Other Storecards

Have you previously had a Shaws Charge Card account? Yes No

PERSONAL REFERENCE

(This person should not be your spouse, or live at the same address.)

Name

Address

.....

Telephone

CONTACT AT WORK

Please tick this box if we may contact you at work, strictly confidentially, in connection with this agreement

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COOLING OFF PERIOD

You may not obtain goods with your Shaws Charge Card during the cooling off period. You may forego your right to a cooling off period by signing a waiver.

WARNING

This waiver means you are giving up your right to a ten day period to re-consider your commitment to the agreement.

WAIVER

I waive my right to a ten day cooling of period and acknowledge that I have received a copy of this agreement today.

Dated this day of 20

Customer's Signature

Second Customer's Signature

Witness to Customer's Signature (for Shaws)

PRODUCT INFORMATION

If you do not wish to receive details of special offers and services which we have arranged for cardholders please tick here:

Do not send me details of Shaws special offers and events.

The details you are being asked to provide may be used to provide you with information about other products and services which Shaws may arrange for its card holders with third parties. You have the right at any time to object (free of charge) to the use of this information for this purpose, and if you do not wish to receive details of such offers and services please tick here:

Do not pass my details on to a third party.

I/we hereby certify that all the information given is true and hereby confirm that I/we have read and agree to the Terms and Conditions of the agreement.

PLEASE SIGN HERE:

SIGNATURE OF APPLICANT 1

SIGNATURE OF APPLICANT 2

DATE:

THIS AGREEMENT is made between Shaw & Sons Limited (hereafter referred to as "Shaws Department Stores" or "Shaws") and

APPLICANT 1

APPLICANT 2

(Insert Name and Address of the Cardholders whether one of them or two of them.)

This agreement will commence on the date it is signed on behalf of Shaws Department Stores.

Shaws Department Stores agrees to issue you a Shaws Charge Card by means of which goods and services may be obtained by you in any Shaws store on credit.

Each month, amounts in respect of the goods or services obtained by you will be charged to your Shaws Charge Card account.

Please sign your Shaws Charge Card on receipt. The card will remain the property of Shaws Department Stores and you must return it upon request.

IMPORTANT INFORMATION

1.	Amount of credit advanced:	As at date: € _____ (Credit Limit) which Shaws may extend
2.	Period of Agreement:	Indefinite
3.	Frequency of repayment installments:	One each week/month
4.	Minimum amount of each installment:	Agreed repayment
5.	Annual percentage rate of charge: (APR)	Currently 22.8% but subject to variation.

N.B. You may withdraw from this Agreement at any time within ten days of receiving this Agreement, or a copy of it.

***PLEASE SIGN WHERE MARKED ON PAGE 3.**

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PAYMENTS

A statement of your Shaws Charge Card account will be sent to you each month and you agree to pay your weekly/monthly amount together with the service charge of the full statement balance. A Service Charge will be added to your statement at the end of the month following the date of purchase less any payments made or goods credited.

APR

APR stands for "Annual Percentage Rate" and is the equivalent on an annual basis of the present value of all commitments (loans repayments and charges), future or existing, agreed by you and Shaws. It is calculated in accordance with a formula set out in the Consumer Credit Act of 1995. Shaws reserves the right to alter this rate by giving notice to the card holder(s).

EXTRA CARDS

Shaws may agree on written application to issue additional Shaws Charge Card(s) to person(s) nominated by you. If such cards are issued, you agree to be responsible for purchases made to additional Shaws Charge Card(s).

LOSS OF CARD

If your Shaws Charge Card(s) is lost or stolen then you must immediately give written notice to info@shaws.ie or The Credit Manager, Shaws Department Stores, Tea Lane, Portlaoise, Co. Laois. You agree that, until such notice is received by Shaws, you will be liable for any purchases made with the missing card.

DEFAULT

If you are in breach of a term of this Agreement, Shaws may suspend your credit and serve on you a Termination Notice. If you fail to rectify the breach within the time allowed the Agreement will then terminate.

TERMINATION

On termination, you the customer(s) agree to repay to Shaws the whole sum then remaining due to Shaws. The balance due at termination shall be paid immediately and if it is not paid then you agree to pay Shaws a service charge at the then current APR until the termination balance is paid. Shaws reserves the right to terminate on notice at any time without stating a reason.

JOINT LIABILITY

Each customer who signs this agreement will be jointly responsible to Shaws. You agree to indemnify Shaws against expenses incurred by Shaws as a result of a default.

GENERAL

You must inform Shaws should you change address.

You may not deduct from any payment due under this agreement any credit not approved by Shaws.

The personal data supplied by you will be processed electronically and will be used for the purpose of operating your account and for marketing (subject to opt-out). You have certain rights under data protection legislation including rights of access to and rectification of data held. You agree that Shaws may make appropriate enquiries in relation to and arising from this application with any credit reference bureau or agency, and you confirm that Shaws may disclose information relating to your account to any credit reference bureau or agency.

To enable Shaws to meet obligations in regard to the prevention of Money Laundering, under the Criminal Justice Act 1994, you agree to furnish Shaws with suitable evidence of identity and permanent residence. You consent to Shaws making such enquiries in connection with this application as they deem appropriate.

Shaws reserve the right to assign their interests in this agreement.

These Terms are agreed:

FIRST CUSTOMER'S SIGNATURE X
SECOND CUSTOMER'S SIGNATURE X
WITNESS TO CUSTOMER'S SIGNATURE X
PRINT NAME HERE (BLOCK CAPITALS)
ADDRESS
SIGNED FOR SHAWS X
DATE

PLEASE SIGN WHERE MARKED X.

STANDING ORDER MANDATE



Complete the form below, including your bank details, the amount you would like to regularly pay, and the frequency of the payments. Then bring the form to your bank.

To:
(your bank's name)

Branch address:

Please set up a standing order as follows:

€ each week / month (circle as appropriate)

The first payment to be made on: / / (Starting date)

And the same sum, on the same day each: week / month (circle as appropriate) until such time as I give notice otherwise.

SHAWS BANK DETAILS (To be completed by a member of Shaws staff):

Account Name:

Address:

IBAN: BIC/SWIFT Address:

Store Manager Signature: Date: / /

CUSTOMER DETAILS: (PLEASE COMPLETE IN BLOCK CAPITALS)

Account Holder Name(s):

Account Holder Address:

Town:

County:

IBAN: BIC/SWIFT Address:

Signature: Date: / /