

Account application form

PBDF001 v.5 08/10/18 EMG

Trading name:					
Trading address:					
		Postcode:			
Procurement Contact:					
Tel:					
Registered address: If di	fferent from above				
		Postcode:			
Accounts Dept. contact	:				
Tel:		Fax:			
Email for statements:					
Email for invoices:					
Sales invoices will be emailed of	only and will be r	eceived by invoid	ces@p	bdonoghue.c	om
Company Reg. No.:					
Date established:		VAT No.:			
Limited company	Partnershi	р	Sol	e trader	
Name of Partner					
Address					
		Postcode:			
Name of Partner					
Address		Postcode:			
		Fosicode.			
YOUR BANK DETAILS	3				
Bank name:					
Address:					
		Postcode:			
Account no.:		Sort code:			
One did line it as such as d					
Credit limit required:					
ORDER NUMBERS					
	question is n ing order nur	ot answered	we v pecti	vill not acc vely.	ept any
ORDER NUMBERS Please note that if this of	ing order nur	nbers retros I, do you	pecti	vill not acc vely. Yes	ept any No
ORDER NUMBERS Please note that if this or responsibility for provid If this credit application	ing order nur is successfu o be shown	nbers retros I, do you	pecti	vely.	
ORDER NUMBERS Please note that if this or responsibility for provid If this credit application require order numbers t	ing order nur is successfu o be shown	nbers retros I, do you on invoices?	pecti	vely. Yes	
ORDER NUMBERS Please note that if this or responsibility for provid If this credit application require order numbers t P.B. DONOGHUE SEF	ing order nur is successfu o be shown RVICES which service	nbers retros I, do you on invoices?	pecti	vely. Yes ising	
ORDER NUMBERS Please note that if this or responsibility for provid If this credit application require order numbers t P.B. DONOGHUE SEF Please indicate below v	ing order nur is successfu o be shown RVICES which service	nbers retros I, do you on invoices?	be u be u	vely. Yes ising	

Nature of business:

Company SIC code 2007:

SIC code can be found on Companies House; application cannot be processed if blank

Waste Carrier License:

TRADE REFERENCE A

Name:	
Address:	
	Postcode:
Tel:	Fax:
Credit limit:	

TRADE REFERENCE B

Name:	
Address:	
	Postcode:
Tel:	Fax:
Credit limit:	

DECLARATION

I/We make this application to open a credit account with P.B. Donoghue (Construction) Ltd. I/we understand the credit terms are that payment is due strictly 30 days from end of month. If credit is granted I/ we agree to pay in accordance with these terms. I/We understand that P.B. Donoghue (Construction) Ltd reserve the right to place the account on hold and insist on payment of all outstanding money where account is overdue, or in excess of the credit limit. By signing this form you agree to our general terms and conditions of business. This form needs to be signed by a Director/Partner of the company.

Signed

Name (Please print)

Position

Please send the completed form along with a sample of your Company letterhead (and a Copy of Photo ID and statement of account from another credit supplier if you are a Sole trader/Partnership) to: apriln@pbdonoghue.com

OFFICE USE ONLY			
Credit Agency Limit:			
Credit Limit:			
Credit Terms:			
Account No:			
Account Manager:			
Authorised:			
Date:			
Waste Carrier License:			
GDPR Consent Form:			
Credit Acceptance Letter:			

Data Protection: We will make a search with a credit reference agency, which will keep a record of the search and will share that information with other businesses. In some instances we may also make a search on the personal credit of principle directors. Should it become necessary to review an account again, a credit reference may be sought and a record kept. We will monitor and record information relating to your trade performance and such records will be made available to Credit Reference Agencies who will share that information with other businesses when assessing applications for credit and fraud protection.

(Attach Copy)