

Account Application

PBDF001 v.5 8/10/18 EMG

YOUR BUSINESS DETAILS

Trading name:		
Trading address:		
		Postcode:
Procurement Contact:		
Tel:		
Registered address: If different from above		
		Postcode:
Accounts Dept. contact:		
Tel:		Fax:
Email for statements:		
Email for invoices:		
Sales invoices will be emailed only and will be received by invoices@pbdonoghue.com		
Company Reg. No.:		
Date established:		VAT No.:
Limited company	Partnership	Sole trader
Name of Partner		
Address		
		Postcode:
Name of Partner		
Address		
		Postcode:

YOUR BANK DETAILS

Bank name:	
Address:	
	Postcode:
Account no.:	Sort code:
Credit limit required:	

ORDER NUMBERS

Please note that if this question is not answered we will not accept any responsibility for providing order numbers retrospectively.

If this credit application is successful, do you require order numbers to be shown on invoices?	Yes	No
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P.B. DONOGHUE SERVICES

Please indicate below which services you would be using

Skip Hire / Wait & Load	Transfer Stations
Tippers/Aggregates	Grab Lorries

WASTE REGULATIONS

Due to Waste Regulations, please ensure the following is completed.

Nature of business:
Company SIC code 2007:
SIC code can be found on Companies House; application cannot be processed if blank
Waste Carrier License: (Attach Copy)

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:	