



D.C. POULTRY LTD
APPLICATION FOR ACCOUNT

Customer Name: _____

Invoice Address: _____ Delivery Address: _____

Contact Name: (In case of Account Query) _____

Telephone No: _____ Fax No: _____

Mobile No: _____ Email: _____

Limited Company Information

Full Company Name: _____

Company Registered No: _____ Date of Incorporation: _____

Trading Name: (If different from above) _____

Sole Trader / Partnership Information

Name: _____

Address: (Must be private residence details)

Amount of Credit you require: _____ **€**

Trade References:

1. _____ 2. _____

Telephone Number: _____ Telephone Number: _____

Please confirm your willingness to adhere to our credit terms, which are,
Monthly Account: Payment on or before the 28th day of the month following delivery.
No change in the legal status of the customer will be allowed until the customer completes and submits a new account application under the new status and until acceptance of that new status is given in writing by the seller. We regret that it will be necessary for us to charge interest @ 2.25 per month, if payment terms are not strictly observed.

Applicants Confirmation to Conduct Trading Within Our Credit Terms

Signature: _____ Position: _____

Print Name: _____ Date: _____

For D.C. Poultry Ltd.

Form Must be Completed In Full