



**D.C. POULTRY LTD**  
**NEW CUSTOMER REQUIREMENTS**

Customer Name: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Person in charge of Accounts: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Person in charge of Ordering: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Delivery Times Required: \_\_\_\_\_

Delivery Days agreed with Area Representative?      Mon / Tue / Wed / Thur / Fri / Sat

Any Delivery Specifications (i.e Only particular personnel allowed to sign for delivery, clothing Etc.)

Product(s) you will be ordering: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like to be telephoned for an order? Yes / No

**Please return this form with your application for account to your  
area representative or post to:  
D.C Poultry Ltd Unit 542 Greenogue industrial Estate, Rathcoole, co. Dublin**