

SEPA Direct Debit Mandate

Unique Mandate Ref: _____



*Creditor Identifier: IE64ZZZ111109

By signing this mandate form, you authorise (A) Clona Dairy Products Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from Clona Dairy Products Ltd.
As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields below marked *

*Your Name :

Your Address:

Address Line 1 _____

Address Line 2 _____

*City/postcode

* Country:

* Account number (IBAN)

*Swift BIC

*Creditors Name: Clona Dairy Products Ltd.,

*Creditors Address Line 1: Sand Quay,

*Address Line 2: Clonakilty, Co. Cork

*Country: Ireland

*Type of payment Recurrent Please tick*Authorised
Signature(s)

1.

Date:

2.

Date:

Note: Please return completed Mandates to Clona Dairy Products at address above**Office use only**

Account Number:

Trading name :

Processed By:

Date:



**NEW ACCOUNT
CREDIT APPLICATION FORM**

Clona Dairy Products Ltd.
Sand Quay, Clonakilty
Co Cork, P85 VP08.
Tel: 023-8833324. Fax 023-8833530
Email: info@clona.ie

Company Name: _____

Trading As (if different from above): _____

Business Address: _____

Limited Company Partnership Sole Trader

Phone No.: _____ Fax No.: _____

Contact: _____ Email: _____

Accounts Contact: _____ Tele No.: _____

Accounts Email Address for Invoices/Credit notes and Statements to be transmitted
via email: _____

How long have you traded: _____ Type of Business: _____

VAT No.: _____ Company Registration No.: _____

Directors Names : 1. _____
2. _____

Bank Name: _____

Bank Address: _____

IBAN: _____ BIC: _____

Name and telephone no. for trade references (not associated companies):

1. _____ Tele No.: _____

2. _____ Tele No.: _____

Anticipated Credit required per week: € _____

We/I hereby agree to operate our/my account in accordance with your Company's Terms and Conditions of Business and agree that all transactions are entered into on basis of these Terms and Conditions to the exclusion of all others. We/I also agree to Clona's privacy policy outlined below.

Signed: 1. Name: _____

Position in Company: _____ Date: _____

2. Name: _____

Position in Company: _____ Date: _____

For Office Use Only

Account Opened/Approved by: _____ Date: _____

Credit Limit Approved: _____ Credit Terms: _____

Round: ____ Route Seq. : ____ Q ____ A: ____ Vision Net: ____ A/c No. : _____

Data Privacy: By signing this form you consent for Clona to only use this information to help us decide your credit terms. Our data is held securely and can only be accessed by authorised personnel. Explicit consent will be sought from you if any of this information is to be disclosed to 3rd parties unless it is required by legislation and regulatory requirements. You have a right to withdraw this consent at any time. Please email info@clona.ie if you require a copy of our privacy policy.