



## DIRECTORS GUARANTEE

Company Name: \_\_\_\_\_

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

Company Registered Number: \_\_\_\_\_

Director Name: \_\_\_\_\_ Date: \_\_\_\_\_

I \_\_\_\_\_ Director of \_\_\_\_\_

Unconditionally and irrevocably:

1. GUARANTEE the due and punctual payment to Campbell Foods for all monies which are now owing to Campbell Foods and all further sums of money from time to time owing to Campbell Foods by the above Company in respect of goods supplied or to be supplied by Campbell Foods to the above Company or any other liability of the above company to Campbell Foods, and due observance and performance by the above company of all its obligations contained or implied in any contract with Campbell Foods. If for any reason the above company does not pay any amount owing to Campbell Foods the Director named above will immediately on demand pay the relevant amount to Campbell Foods.
2. This Guarantee shall constitute an unconditional and continuing Guarantee and accordingly shall be irrevocable and remain in full force and effect until the whole of monies owing to Campbell Foods by the company and all obligations herein have been fully paid satisfied and performed.
3. I authorise Campbell Foods to obtain from any person or company any information which Campbell Foods may require for credit reference purposes. I further irrevocably authorise Campbell Foods to provide to any third party, in response to credit references and enquires about me or the above company or by way of information exchange with credit reference agencies, details of this Guarantee and any subsequent dealings that I or the above company may have with Campbell Foods as a result of this Guarantee being actioned by Campbell Foods
4. The above information is to be used by Campbell Foods for all purposes in connection with the above company considering this Guarantee and the subsequent enforcement of same

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

On behalf of: \_\_\_\_\_

Print Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

On Behalf of Campbell Foods

Print Name: \_\_\_\_\_

# Application for Account

**Note: All fields must be filled out in full in order to proceed with Account Application**

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

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

\_\_\_\_\_

\_\_\_\_\_

Contact Name: (In Case Of Account Query) \_\_\_\_\_

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

Mobile No: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Email: \_\_\_\_\_

Sales/Promotions Email: \_\_\_\_\_

<b>Limited Company Information</b>
Full Company Name: _____
Co. Registration (not vat) No: _____ Date of Incorporation: _____
Trading Name: (If Different From Above) _____

<b>Sole Trader / Partnership Information</b>
Name: _____
Address: (Must be private residence details) _____
_____

Amount of Credit you require per month: € \_\_\_\_\_

Trade References

1 \_\_\_\_\_ 2 \_\_\_\_\_

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

I certify that the above information is true and correct and that I am authorised to make this application for credit. 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 Campbell Foods. I have read and understand the Terms & Conditions of Trade (overleaf) of Campbell Foods and agree to be bound by these conditions.

## Applicants Confirmation To Conduct Trading Within Our Credit Terms

Signature: \_\_\_\_\_ Position: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

For Campbell Foods: \_\_\_\_\_

**Form Must Be Completed In Full**



## SEPA BUSINESS SERVICE DIRECT DEBITS DEBTOR CONFIRMATION

This Confirmation is given by the debtor named below ("Debtor") to the creditor named below ("Creditor") and to each paying bank of the Debtor (the "Debtor Bank") which is in receipt of one or more direct debits ("SEPA Direct Debit(s)") originated by the Creditor attributable to and for the account of the Debtor under and pursuant to the SEPA Core Direct Debit Scheme ("Scheme"). The purpose of this Confirmation is to facilitate the utilisation by the Debtor of SEPA Direct Debit. This Confirmation is governed by Irish law.

The Debtor hereby irrevocably confirms to and for the benefit of the Creditor and each Debtor Bank:

- (A) That the Debtor is not a 'consumer'<sup>1</sup> for the purposes of the Payment Services Regulations<sup>2</sup>;
- (B) That the Debtor's right to a refund for any authorised SEPA Direct Debit shall extend only to such refund right(s) as the Debtor may have under the Payment Services Regulations, and shall not include any other right to a refund arising under the rules of the Scheme, or in any direct debit mandate given by the Debtor to the Creditor in relation to the Scheme or otherwise, or in any terms of business issued by the Debtor Bank from time to time;
- (C) That in respect of any authorised SEPA Direct Debit which has been paid by the Debtor Bank, the Debtor Bank is authorised to reject any refund request(s) from the Debtor in respect of such SEPA Direct Debit other than in the circumstances described in (B) above.

This confirmation applies only to SEPA direct debits using the Debtor IBAN(s) and Creditor ID(s) listed below.

Debtor Name:

Bank Branch:

Debtor IBAN:

Debtor BIC:

Creditors Name: **Campbell Foods**

Creditors ID(s): **IE 87 222 304 307**

Please sign here: Signature(s): \_\_\_\_\_ Date:   
DD MM YYYY

Please return to: Creditors Name: **Campbell Foods**  
Creditors Address: **Rockcorry, Co. Monaghan, Ireland**

<sup>1</sup> A 'Consumer' is a natural person who, in payment contracts covered under the Payment Services Regulations, is acting for purposes other than his trade, business or profession

<sup>2</sup> EC (Payment Services) Regulations 2009 (SI No. 383 of 2009)

# New Customer Requirements

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

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Office Use Only:**

Group \_\_\_\_\_

Nature of Business \_\_\_\_\_

Rep \_\_\_\_\_

Classification \_\_\_\_\_

Route \_\_\_\_\_

P. Code \_\_\_\_\_

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 / Tues / Weds / Thurs / Fri

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

If Yes, at what time would you like to be telephoned?:

**PLEASE RETURN THIS FORM WITH YOUR APPLICATION FOR ACCOUNT TO YOUR AREA REPRESENTATIVE OR POST TO:**

**CAMPBELL FOODS, ROCKCORRY, CO. MONAGHAN.**