



New Account Application Form

Mountain Road, Tubberycurry, Sligo
Tel: 0873386891
Email: david@baymed.ie
Tel: 087 338 6891
Email david@baymed.ie

CUSTOMER TRADING NAME: _____

DELIVERY ADDRESS: _____

_____ POSTAL CODE: _____

TELEPHONE NO: _____ EMAIL: _____

BANK DETAILS: _____

ACCOUNT NO: _____ SORT CODE: _____

VAT REG NO: _____

CONTACT SUMMARY

PURCHASING CONTACT: _____ EMAIL: _____

TEL NO: _____ MOBILE (IF APPLICABLE): _____

ACCOUNTS PAYEE CONTACT: _____ EMAIL: _____

TEL NO: _____ MOBILE (IF APPLICABLE): _____

DELIVERY CONTACT : _____ EMAIL: _____

(IF DIFFERENT TO PURCHASE CONTACT)

TEL NO: _____ MOBILE (IF APPLICABLE): _____



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MARKETING CORRESPONDENCE: Please list relevant contacts within your company to receive marketing, special offers and product updates from BayMed Healthcare Supplies Ireland Ltd.

CONTACT: _____ JOB ROLE: _____

EMAIL: _____

CONTACT: _____ JOB ROLE: _____

EMAIL: _____

TRADE REFERENCE

(1)NAME: _____

ADDRESS: _____

TEL NO: _____

EMAIL: _____

(2)NAME: _____

ADDRESS: _____

TEL NO: _____

EMAIL: _____

CREDIT TERMS: FIRST ORDER WITH BE PAY AT THE POINT OF ORDER. CREDIT TERMS WILL BE NET 30 DAYS FOR ALL ORDERS THERE AFTER.

TERMS OF SALE: TBC

CUSTOMER SIGNATURE: _____ DATE: _____

BY SIGNING THIS DOCUMENT, YOU ARE ACCEPTING ALL THE TERMS AND CONDITIONS AS STATED ABOVE

PLEASE RETURN TO: DAVID@BAYMEDHEALTHCARE.IE FOR PROCESSING.

GDPR , VALID FROM MAY 2018 – WE REQUIRE PERSONAL IDENTIFICATION DATA TO BE ABLE TO SEND BUSINESS RELATED COMMUNICATIONS. BY COMPLETIGN THIS FORM, YOU UNDERSTAND THAT YOUR PERSONAL DATA WILL BE STORED WITHIN OUR DATA BASE MANAGEMENT SYSTEM. PLEASE DO NOT ENCLOSED ANY ADDITIONAL PERSONAL SENSITIVE DATA. IF ANYONE NAMED IN THE ENCLOSED DOCUMENT CEASES TO WORK FOR THE COMPANY, PLEASE INFORM US AND WE WILL DELTE THEM FROM FUTURE NOTIFICATIONS.