

PJD Safety Supplies Ltd.
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VAT Reg. No. 990 7439 78



ACCOUNT APPLICATION FORM

*Please fill in all fields - Print clearly please
and return to address above*

Company Name _____

Accounts Name: _____

Invoicing Email: _____

Address: _____

Postcode: _____

Tel. No. _____

Fax. _____

Buyer Name: _____

Buyer Email: _____

VAT Registration
Number _____

Registered No. _____
(if Limited Company)

Delivery Address: _____
(if different)

Postcode: _____

TRADE REFERENCE 1

Name _____

Address _____

Telephone: _____

Email: _____

TRADE REFERENCE 2

Name _____

Address _____

Telephone: _____

Email: _____

Currency you wish to pay by?

Sterling (£) Euro (€)

Signed: _____

Signed: _____

Directors/ Partners

**We certify that this information is correct and that we
agree to the T & C's of PJD Safety Supplies**

For Official Use Only

Account No. _____

Credit Limit _____ Sales Rep. _____

Date _____