

## **Processing an order for AgriNet**

Many thanks for choosing AgriNet.

Attached are two forms that we need you to fill in so that we can process your order correctly.

### **Client Details**

This includes name and address, phone numbers, etc. We need your calf tag IE herd identifier so that we can order your data from ICBF.

### **Direct Debit**

This is the mechanism to pay for the full AgriNet software system and support. It is €220/year for a dairy farmer and €190/year for a dry stock farmer. This covers all software plus telephone training and support. When it comes to renewal, we send out a notification before a direct debit is taken from your bank for the year to come.

Please fill in these forms when you are ready to start on the software and return to Irish Farm Computers, 3 Church Street, Kells, Co. Meath.

If you have any questions contact 046-9249964.

**Client Details**

**Order Date** \_\_\_\_\_

**Farm Type (tick)** Dairy\_\_\_\_ Beef\_\_\_\_

**Farmer Name** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Phone number** \_\_\_\_\_

**Mobile number** \_\_\_\_\_

**Email address** \_\_\_\_\_

**Herd Number** \_\_\_\_\_

**IE Tag Identifier** \_\_\_\_\_

**Other comments** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SEPA Direct Debit Mandate**

Unique Mandate Reference

*Unique Mandate Reference (UMR) – to be completed by Irish Farm Computers Ltd.*

By signing this mandate form, you authorise (A) Irish Farm Computers Ltd. to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instructions from Irish Farm Computers 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 marked \***

Creditor's name

Creditor identifier

Creditor address

County

Post Code

Country

Type of payment \* Recurrent payment  or One-off payment

Debtor Name \*

Debtor Address \*

County \*

Post Code

Country \*

Debtor account number – IBAN \*

Debtor bank identifier code – BIC \*

Date of signature \*

**Signature(s)**

Please sign here \*

Please return this mandate to the Creditor