



PETER CURRAN *Electric Ltd.*

WHOLESALE ELECTRICAL DISTRIBUTORS

Unit 18, Glenrock Business Park, Ballybane, Galway.



Tel: 091 385700 **Fax:** 091 385701 **Email:** sales@curranelec.ie **Web:** www.curranelec.ie

CREDIT APPLICATION FORM

Please complete this form in **BLOCK LETTERS**

NAME: _____

COMPANY NAME: _____

BUSINESS ADDRESS: _____

TEL. NO: _____ **MOBILE NO:** _____ **FAX NO:** _____

V.A.T. REG. NO: _____ **COMPANY REG. NO:** _____

DIRECTORS NAME/S: _____

ACCOUNTS PAYABLE CONTACT: _____

NAME OF BANK: _____

ADDRESS OF BANK: _____

CREDIT REQUIRED: _____

CREDIT REFERENCE & CONTACT NAME: _____

CREDIT REFERENCE & CONTACT NAME: _____

EMAIL ADDRESS: _____

I wish to apply for credit facilities with Peter Curran Electric Ltd and confirm that the information is true and complete as stated on this application.

SIGNATURE: _____

DATE: _____