



Corrib Food Products

APPLICATION FOR ACCOUNT

Note: All fields must be fill 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: _____

Limited Company Information

Full Company Name: _____

Co. Registration (*not vat*) No: _____ Date of Incorporation: _____

Trading Name: (If Different From Above) _____

Sole Trader / Partnership Information

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 CFP

I have read and understand the Terms & Conditions of Trade (overleaf) of Galway Turkeys Ltd t/a Corrib Food Products and agree to be bound by these conditions.

Applicants Confirmation To Conduct Trading Within Our Credit Terms

Signature: _____

Position: _____

Print Name: _____

Date: _____

For Corrib Food Products _____

CFP03