



Application for Credit Facility

Please complete the following sections and return to Murphy Transport Ltd,
Accounts Dept., Maryfield, Ballinlough Road, Cork

1. Company Details

Please fill in all details

1.1 Account No _____

1.2 Trading Name _____

Address _____

Telephone _____

Fax _____

Email _____

Person to Contact _____

1.3 Directors/Owners of Company

Vat Registration No _____

Vat Auth No (VAT13B) _____

Company Registration No _____

Year _____

3. Trade References

Please fill in all details

3.1 Name _____

Address _____

Telephone _____

3.2 Name _____

Address _____

Telephone _____

2. Bank Details

Please fill in all details

2.1 Bank _____

Branch _____

2.2 Account No _____

Sort Code _____

2.3 IBAN _____

Swift Code (BIC) _____

In the event of Credit Facilities being granted, please confirm your adherence to our Credit Terms of 30 days from date of Invoice.

Signed _____ Print Name _____ Date _____