

ATHENRY GOLF CLUB
PREMIUM CREDIT NEW BUSINESS APPLICATION FORM

Name: _____

Golf Ireland No: _____

Address: _____

Date of Birth: _____

PPS No: _____

Additional members (optional):

Name _____

Golf Ireland No. _____

Name _____

Golf Ireland No. _____

Name _____

Golf Ireland No. _____

Name _____

Golf Ireland No. _____

Number of Members to be included in this agreement: _____

Please tick below which option you would prefer:

6 Month Payment Option ☐ Interest rate 3%

10 Month Payment Option ☐ Interest rate 4%

E-Mail Address: _____

Mobile No: _____

Bank Sort Code: _____

Account No: _____

IBAN: _____

Bank Name & Address: _____

Name on the Account: _____

Total Amount Payable: _____

Insurance Option: €27.00

(Number of individuals)

☐

Total Amount Payable (incl extras): _____

Signature: _____

Date: _____