



specialists in cable accessories, tooling and printers

CREDIT APPLICATION FORM – NET MONTHLY TERMS

COMPANY _____

Address _____

Tel _____ Fax _____

Email _____

Invoices

How would you like to receive invoices? EMAIL FAX POST

Please provide contact details, as applicable:

Statements

How would you like to receive statements? EMAIL FAX POST

Please provide contact details, as applicable:

Order Acknowledgements

How would you like to receive order acknowledgements? EMAIL FAX

Please provide contact details, as applicable:

Payment Method

How would you like to pay your account? BACS CHEQUE CREDIT CARD

Our bank details for payment by BACS:

A/C Name: Cablectrix Ltd Bank: NAT WEST
Account Number: 15303403 Sort Code: 52-30-21

WE WISH TO OPEN A CREDIT ACCOUNT WITH CABLECTRIX LTD ON THE UNDERSTANDING THAT PAYMENT IS DUE BY THE END OF THE MONTH FOLLOWING INVOICE DATE.

WE ACCEPT THAT FAILURE TO COMPLY WITH THESE TERMS COULD RESULT IN CREDIT FACILITIES BEING WITHDRAWN UNTIL THE ACCOUNT HAS BEEN SETTLED IN FULL. CONTINUOUS FAILURE TO COMPLY WITH THESE TERMS COULD RESULT IN PERMANENT WITHDRAWAL OF CREDIT FACILITIES.

SIGNED _____ DATE _____

PRINT NAME _____

POSITION _____

Fax: 01327 300130