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CREDIT ACCOUNT APPLICATION FORM

<u>Company Name</u>	<u>Registered Office</u>
<u>Address</u>	<u>Address</u>
<u>Telephone Number</u>	<u>Fax Number</u>
<u>Email Address</u>	<u>Website</u>
<u>Company Registration Number</u>	<u>Amount of Credit Required per Month</u>
<u>Address for Invoices & Statements</u>	<u>Person Responsible for Payment</u> <u>Position</u> <u>Telephone Number</u>

References – (Bank plus 2 Traders other than Cable Industry)

<u>Bank Name & Address</u>
<u>Account Number & Sort Code</u>
<u>Reference No. 1</u>
<u>Reference No. 2</u>

We understand that the trading terms are net monthly and agree that payment of invoices will be made 30 days from the end of the month in which invoiced.

Signed _____

Print Name _____

Position in Company _____ Date _____

When completed, please return to Credit Controller at Clynder Cables Ltd.



Clynder Cables Ltd.
 3 Lord North Street
 Miles Platting
 Manchester M40 8AD

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 Reg. No. 08432127 England