

CREDIT ACCOUNT APPLICATION FORM

CUSTOMER TRADING NAME:			
INVOICE ADDRESS:		REGISTERED OFFICE ADDRESS:	
TELEPHONE NO:			
COMPANY NUMBER:		VAT NUMBER:	
ACCOUNTS DETAILS:			
ACCOUNTS CONTACT:			
ACCOUNTS EMAIL:			
ACCOUNTS TELEPHONE:			
WILL YOU ACCEPT INVOICES BY EMAIL?		YES	NO
BANK REFERENCE:			
BANK NAME:			
ADDRESS:			
ACCOUNT NUMBER:		SORT CODE:	
TELEPHONE NUMBER:		FAX NUMBER:	
TRADE REFEREES:			
NAME:		NAME:	
ADDRESS:		ADDRESS:	
TELEPHONE NO:		TELEPHONE NO:	
EMAIL:		EMAIL:	
How did you hear about Gem Cable?			
I/We have read and agree to GEM Cable Solutions Terms and Conditions, and accept that any orders placed by us will be subject to these conditions and to GEM Cable Solutions Terms of payment.			
SIGNED:		PRINT NAME:	
POSITION:			

PLEASE RETURN TO accounts@gemcable.co.uk