

LTD COMPANY ACCOUNT APPLICATION FORM

GABLECRAFT™

T: 0845 687 6680 F: 0845 687 6681

Registered Company Name

Company Registered Number

 Your letterhead is required, tick box to confirm this is attached:
VAT Number

OR

 Tick box if not registered for VAT:
Trading Address & Contact Details

Trading address:

Postcode:

Telephone number:

Your sales contact:	Your accounts contact:
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Mobile number:

Telephone number:

Fax number:	Fax number:
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E-mail address:

E-mail address:

E-mail address:	E-mail address:
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If your registered address is different to the trading address, please give details below

Registered address:

Postcode:

Estimated Monthly Spend
Number of years in business

Gable Frames: £ _____ Raked Frames: £ _____

Authorization

Signed: _____

Print Name: _____

Date: ____ / ____ / 2010

Position in company: _____

By signing this document you are agreeing that if granted a 30 day account, you will pay on 30 days NET of date of invoice. Any products or services charged for remain the property of GABLECRAFT Ltd until paid for in full. Upon receipt of this completed document we will carry out a credit search. We will inform you in writing if you have been granted with a 30 day account.

Gablecraft use only

Account Manager: _____

Sales Manager: _____

Now please fax to 0845 687 6681 or post to the address below
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