

PLEASE FAX BACK TO ACCOUNTS DEPT ON 01562 825955

Any queries please telephone us on 01562 825152 or email: sales@cubralco.com

COMPANY NAME:

REGISTERED ADDRESS:

POSTCODE:

COMPANY REG. No.:

VAT REG. No.:

COMPANY WEB SITE ADDRESS:

INVOICE ADDRESS: (if different)

POSTCODE:

* PLEASE SUPPLY A COPY OF YOUR COMPANY LETTERHEAD WITH THIS APPLICATION

FOR PARTNERSHIPS / NON-LIMITED COMPANIES, PLEASE PROVIDE THE FOLLOWING ADDITIONAL INFORMATION:

PROPRIETOR / PARTNERS NAME(S):

TIME IN BUSINESS:

PRIVATE ADDRESS(ES):

1) _____ Time at Address: _____

2) _____ Time at Address: _____

3) _____ Time at Address: _____

CONTACT DETAILS:

SALES CONTACT:

TEL:

FAX:

EMAIL:

ACCOUNTS CONTACT:

TEL:

FAX:

EMAIL:

DELIVERY ADDRESS(ES): (if different to invoice address)

1) _____ POSTCODE: _____

2) _____ POSTCODE: _____

3) _____ POSTCODE: _____

TRADE REFERENCES:

1) COMPANY:

2) COMPANY:

ADDRESS:

ADDRESS:

POSTCODE:

POSTCODE:

CONTACT NAME:

CONTACT NAME:

TELEPHONE:

TELEPHONE:

FAX:

FAX:

YOUR A/C No. / REF:

YOUR A/C No. / REF:

ALL ORDERS ARE SUBJECT TO OUR STANDARD TERMS AND CONDITIONS OF SALE, AVAILABLE ON REQUEST.

APPLICATION COMPLETED BY:

SIGNATURE:

DATE:

OFFICE USE ONLY:

ACCOUNT REF:

SHORT NAME:

CREDIT LIMIT: