

SUBMIT



Professional Plumbing Products

CUSTOMER ACCOUNT APPLICATION

PLEASE FAX BACK TO ACCOUNTS DEPT ON 01562 825955

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

COMPANY NAME:

NATURE OF BUSINESS:

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, PLEASE SIGN TO SAY YOU HAVE READ AND AGREE

APPLICATION COMPLETED BY: (DIRECTOR/PROPRIETOR/PARTNER)

SIGNATURE:

DATE: