

# ACCOUNT APPLICATION FOR LIMITED COMPANIES

**GABLECRAFT™**

T: 0845 680 3725 F: 0845 280 1000

**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:**

Mobile number:

Telephone number:

Fax number:

Fax number:

E-mail address:

E-mail address:

**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: \_\_\_\_\_ / \_\_\_\_\_ / 2020

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 280 1000 or post to the address below**
**GableCraft Ltd, Unit 4A, Harpings Road, Hull, East Yorkshire HU5 4JF**

T: 0845 680 3725 F: 0845 280 1000 W: www.GableCraft.co.uk E: admin@GableCraft.co.uk