



CREDIT ACCOUNT APPLICATION

Company Name _____

Registered Office _____

Tel No. _____

Fax No. _____

Contact name _____

Company Reg. No. _____

No. of years established _____

Bank details _____

Account No. _____

Sort code _____

Required credit limit _____

Please note that all transactions are subject to our standard conditions of sale. All credit terms are **STRICTLY** payable at the end of the month following the month of invoice, unless agreed in writing by ourselves to the contrary.

Cubicle Centre Ltd factor all invoices through **EURO SALES FINANCE**. All invoice debts will carry an assignment notice to this effect and all sums will be payable to Euro Sales Finance direct.

DECLARATION

I have read the above and hereby agree to be bound by the terms and conditions herein. I am authorised to sign on behalf of the above named company.

Signed _____

Name _____

Date _____

T: 01924 457600 / F: 01924 437600 / E: sales@washroomcubicles.co.uk / W: www.washroomcubicles.co.uk

Unit 33 Caldervale Business Park / Huddersfield Road / Ravensthorpe / West Yorkshire / WF13 3JL

Registered in England No. 4114977