



CREDIT APPLICATION FORM

**BOWNET CABLE MANAGEMENT SYSTEMS LTD
UNIT 23, ACORN INDUSTRIAL PARK
CRAYFORD ROAD,
DARTFORD,
KENT, DA1 4AL**

PHONE: 01322-553822

FAX: 01322-553922

E-MAIL: SALES@BOWNET.CO.UK

Please complete all sections in Block Capitals and return the signed form by fax and also by post.

We hereby request you to open up an account for:

Company Name:.....
Address:.....
.....
.....
Post Code:..... **Tel No:**..... **Fax No:**.....
Legal Structure:{ } **Ltd.**.....{ } **Plc.**.....{ } **Sole Trader**.....{ } **Partnership**.....
Company Registration Number:..... **Year Established:**.....
Business Activity:.....

IF A SOLE TRADER OR A PARTNERSHIP COMPLETE THE FOLLOWING:

1. Full Name:.....
Private Address:.....
.....
Telephone No:..... **No of Years at This Address:**.....

2. Full Name:.....
Private Address:.....
.....
Phone No:..... **No of Years at This Address:**.....

The Person Responsible For:- Payment:..... **Purchasing:**.....
Amount of Monthly Credit Required:.....

Trade Reference 1:..... **Trade Reference 2:**.....
Company Name:.....
Address:.....
.....
Tel No:.....
Fax No:.....

Your Bankers Name:..... **Sort Code:**..... **AC/ NO:**.....
Address:.....
.....

A COMPANY LETTERHEAD MUST ACCOMPANY THIS APPLICATION

Proprietors / Directors Declaration: - I, we being the Proprietor / Director of the above Company understand that all the accounts become due and payable at the end of the month following the date of the invoice and do guarantee that full payment will be received by you {Our Supplier} accordingly.

Signed:..... **Name:**..... **Position:**.....

Date:.....(ALL GOODS ARE SOLD ACCORDING TO OUR TERMS OF SALE)