

CAB 2000

Credit Account Application Form

Accounts Department: 01 8-900-900

Company Name	
Company Address	
Telephone	
Fax	
Email Address	
Name of Accounts Contact	
Nature of your Business	

Conditions

I/we, the undersigned, hereby agree to CAB 2000 credit terms of 14 days from receipt of invoice, or payment by direct debit. In addition to this we also accept the 10% administration fee.

Signed: _____

Position: _____

Date: _____