



INVOICES FAXING OR E-MAILING YES/NO PREFERRED METHOD FAX/E-MAIL

STATEMENTS FAXING OR E-MAILING YES/NO PREFERRED METHOD FAX/E-MAIL

PRINCIPAL(S) DIRECTOR(S) (NAMES MUST MATCH CREDIT CHECK REPORTS)

CREDIT LIMIT REQUESTED

PREFERRED PAYMENT TERMS REQUESTED

DIRECTOR NAME & HOME ADDRESS NOT SAME AS BUSINESS ADDRESS

BUSINESS PARTNER NAME & HOME ADDRESS (IF APPLICABLE)

Form with fields for Director and Business Partner details: FIRST NAME, MIDDLE NAME, SURNAME, DATE OF BIRTH, HOUSE NO, ROAD, TOWN, COUNTRY, POSTCODE, TELEPHONE.

We will make a search with a credit reference agency, which will keep a record of that search and will share that information with other businesses. We may also make enquiries about the principal directors with a credit reference agency.

I confirm that I have received a copy of terms of trading and I agree that all business conducted between companies will be subject to those terms.

SIGNATURE OF APPLICANT

PRINTED DATE

Would you like to receive marketing emails from Cleveland Cable Company? Yes / No

As from 25th May 2018 the law is changing and the new GDPR regulations come into force. As part of this regulation we need your consent to send you marketing information please go to www.clevelandcable.com/privacy for information on how we process any data you give us.

You can change your mind at any time by clicking the unsubscribe link in the footer of any email you receive from us. We will treat your information with respect. By signing below, you agree that we may process your information in accordance with GDPR Regulations.

NAME: SIGNED:

ALL BOXES MUST BE COMPLETE