



Credit Application Form

Complete the details on the form below and email back to: accounts@cablecrafter.co.uk
Alternatively you can fax it back to 01582 606063

Company Details

Name: *

Position: *

Company Name: *

Trading Style: LTD LLP PLC

Company Registration Number: *

VAT Registration Number: *

Address: *

Post Code: *

Telephone Number: *

Mobile Number: *

Fax Number: *

Email: *

Additional User Name:

Additional User Email:

Invoice/Delivery Addresses

Delivery Address
(if different from
above):

Post Code:

Invoice Address
(if different from
above):

Post Code:

Other Information

Accounts Contact:

Accounts Telephone
Number:

Accounts Fax
Number:

Accounts Email:

Credit Limit Request :

Business Type:

Electrical Contractor Panel Builder OEM Wholesaler
 Other

Which company would
you like to open a credit
account with?

Birch Valley * Krempfast *

Please provide
company letterhead
as proof of address:

(Please attach a copy with your application *)

I confirm that I am
authorised to place
orders on behalf of
the above company:

*

I have read and
accept the Privacy
Policy and Terms &
Conditions:

Privacy Policy * Terms & Conditions *



A CABLECRAFT COMPANY

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A CABLECRAFT COMPANY

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