

Credit Account Application

Full Company name:	
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Invoice Address

Address 1:		Primary contact name:	
Address 2:		Tel:	
Town:		Fax:	
Post code:		E mail:	
County:		Website:	
Country:			
VAT No (if applicable):			
Company registration No:			
SIC code (Industry type):			
Preferred currency: (Please tick)	Pound £	Euro €	
Period of time at this address	Years:		Months:
Premises Owned / leased: (Please tick)	Owned	Leased	

Company Status

Company Status: (Please Tick)			
Partnership	Limited Company	PLC	Sole Trader
Date Company Formed:		Date Company Commenced Trading:	
Please list any subsidiary or associate companies:		Please name the Company Directors:	
Purchasing contact:		Accounts contact:	
E mail:		E mail:	

Bank Details

Bankers Name:	
Address:	
Account Name:	
Account Number:	
Sort Code:	
IBAN / Swift Code:	
Annual Turnover:	

Credit Limit Requested: (subject to status and credit checks)	
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Trade References: (Not Landlord / Accountant)

Please supply two trade references with whom you deal on a frequent basis:

Name:		Name:	
Address:		Address:	
Tel:		Tel:	
E mail:		E mail:	
Fax:		Fax:	

Please select the appropriate sectors that your company works in:

Engineering	Healthcare	Laboratory	Food and Drink
Manufacturing	Injection Moulding/Thermoforming	Research / Academia	Printing
Infection Control	Medical Device Manufacturing	Nanotechnology Photonics	Public Sector
Electronic	Medical Device Packaging	Optics	Construction
Aerospace / Automotive	Nuclear and Atomic Energy	Life Science	
Computing	Energy: Renewable and Oil	Pharmaceutical	

Declaration

I apply for an account to be opened in the name of the company as shown. I have read a copy of the terms and conditions as published on the website: www.cleanroomshop.com and should credit facilities be granted, agree to trade solely under these terms. I confirm that I am authorised to act on behalf of the company.

Where credit terms are approved payment terms are strictly 30 days net, unless by written authorisation. Connect 2 Cleanrooms and cleanroomshop.com reserves the right to terminate this agreement forthwith by notice upon any breach by the customer of any our terms and all amounts outstanding will become due forthwith.

Please return this form to info@connect2cleanrooms.com or fax to +44(0)1524 811589

Signed: _____ Date: _____

Print Name: _____ Position: _____

E mail Address: _____

Account Number:	Payment Terms:	Credit Limit:	Authorised by:	CRM Updated & Checked:
				Please sign when completed