

## 30 Day Credit Account Application

Full Trading Name:  Address:  Company Reg No:                      Postcode: VAT No (if applicable): Tel:    Fax: Email:	Invoice Address:   Postcode:  Tel: Email:    Fax:
Delivery Address:   Postcode:	Name & Private Address of Owner: <small>(sole trader and partnerships only)</small>   Postcode:
Please list any subsidiary or associate companies:	Please name Directors:
Contact in Purchasing Department:	Contact in Accounts Department:
Bankers Address:  Sort Code: Account Number:	Please supply two trade references with whom you deal on a frequent basis:  1.  Tel:    Fax: 2.  Tel:    Fax:
Age of Business: Annual Turnover: Credit Limit Required:	Tel:    Fax: Tel:    Fax:

I apply for a credit account to be opened in the name of the company as shown above. I have read a copy of the terms and conditions as published on the cleanroomshop.com website.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Director/Proprietor/Purchasing Office [delete as appropriate]

**Please return this form to [info@connect2cleanrooms.com](mailto:info@connect2cleanrooms.com) or fax to +44(0)15242 73171**

**Account Use only**

Credit Limit:

Comments:

**Authorised by:**

Trade Reference 1:

Trade Reference 2:



a division of Connect 2 Cleanrooms

Registered in England: Company Registration No. 4934446  
VAT No. 799997995



**Connect 2 Cleanrooms Ltd**

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