

## Creating modular cleanroom solutions for critical environments

## **Credit Account Application**

Full Company name:				
Invoice Address				
Address 1:	1	Drimany	contact name:	
Address 1:		Tel:	contact name:	
Town:		Fax:		
Post code:		E mail:		
County:		Website		
Country:		THE DESIGN	•	
VAT No (if applicable):				
Company registration No:				
SIC code (Industry type):				
Preferred currency: (Please tick)	Pound £	Euro €		
Period of time at this address	Years:	٨	Nonths:	
Premises Owned / leased: (Please tick)	Owned	Leased		•
Company Status				
Company Status: (Please Tick)				
	d Company	PLC	Sole <sup>-</sup>	Trader
	d Company	PLC  Date Company Comme		Trader
Partnership Limite			enced Trading:	Trader
Partnership Limite  Date Company Formed:  Please list any subsidiary or associate		Please name the Con	enced Trading:	Trader
Partnership Limite  Date Company Formed:  Please list any subsidiary or associate  Purchasing contact:		Date Company Comme	enced Trading:	Trader
Partnership Limite  Date Company Formed:  Please list any subsidiary or associate		Please name the Con Accounts contact:	enced Trading:	Trader
Partnership Limite  Date Company Formed:  Please list any subsidiary or associate  Purchasing contact:		Please name the Con Accounts contact:	enced Trading:	Trader
Partnership Limite  Date Company Formed:  Please list any subsidiary or associate  Purchasing contact:  E mail:		Please name the Con Accounts contact:	enced Trading:	Trader
Partnership Limite  Date Company Formed:  Please list any subsidiary or associate  Purchasing contact:  E mail:  Bank Details		Please name the Con Accounts contact:	enced Trading:	Trader
Partnership Limite  Date Company Formed:  Please list any subsidiary or associate  Purchasing contact:  E mail:  Bank Details  Bankers Name:		Please name the Con Accounts contact:	enced Trading:	Trader
Partnership Limite  Date Company Formed:  Please list any subsidiary or associate  Purchasing contact:  E mail:  Bank Details  Bankers Name:  Address:		Please name the Con Accounts contact:	enced Trading:	Trader
Partnership Limite  Date Company Formed:  Please list any subsidiary or associate  Purchasing contact:  E mail:  Bank Details  Bankers Name:  Address:  Account Name:  Account Number:  Sort Code:		Please name the Con Accounts contact:	enced Trading:	Trader
Partnership Limite  Date Company Formed:  Please list any subsidiary or associated purchasing contact:  E mail:  Bank Details  Bankers Name:  Address:  Account Name:  Account Number:		Please name the Con Accounts contact:	enced Trading:	Trader
Partnership Limite  Date Company Formed:  Please list any subsidiary or associate  Purchasing contact:  E mail:  Bank Details  Bankers Name:  Address:  Account Name:  Account Number:  Sort Code:		Please name the Con Accounts contact:	enced Trading:	Trader



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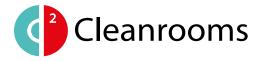








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Credit Limit Requested: (subject to status	and credit checks)	
Trade References: (Not Landlor Please supply two trade references with who		s:
Name:	Name:	
Address:	Address:	

Tel:

Fax:

E mail:

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**

Tel:

Fax:

E mail:

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



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Connect 2 Cleanrooms Ltd

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