****

**Membership Application Form**

**Company Name:**

**Number of Employees:**

**Contact Person:**

**Address:**

**City:**

**Country:**

**Post Code/ZIP:**

**Telephone including country code:**

**Mobile phone:**

**Email:**

**Fax:**

**Website:**

**VAT Number:**

**Trade**: Car or parts manufacturer/Distributor/Service Specialist/Miscellaneous

**(please delete as appropriate)**

*The above company declares to be active within the air conditioning industry and to apply for membership of MACPartners.*

*Upon confirmation of successful application we will send you an invoice, including our bank details. The terms of the invoice are 30 days. Upon payment your membership of MACP will begin.*

*Subscriptions are automatically renewed, unless cancellation notice is received 2 months prior to the end of subscription.*

**Authorising Signature ………………………………………..**

**Date: ......................................................................................**

**Email to info@mac-partners.eu**