



VITREOUS ENAMEL ASSOCIATION

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TEST APPLICATION FORM

Contact Name: _____

Company Name: _____

Company Address: _____

Purchase Order No: _____ Date: _____

Signature: _____

APPLICATION FOR TESTING CLEANER PRODUCTS

Product to be tested	Surface for testing			
	Hob Top	Oven Interior	Old Bath Enamel	Modern Bath Enamel
Instructions for use				

WIPE ON/ WIPE OFF, SPRAY ON AND LEAVE PRODUCTS AND FABRIC WIPES

Product to be tested	Surface for testing	
	Two types of Bath Enamel	Hob Top/Oven Interior Enamel
Instructions for use		

Please Complete this form and send with the products you require testing, ensuring that you have given an order number if one is required for invoicing purposes. Please send to the above address.

Registered in England



Registration Number 574812