



Existing Distributor Review Form

1	Contact Name & Title	
	Position	
	Department	
	Organisation Full Name	
	Full Address	
	Postcode (Zip Code)	
	County / Region	
	Telephone No.	
	Mobile Telephone No.	
	Skype Username	
	Fax No.	
	Email Address	
	Website	
Currency required	Euro € <input type="checkbox"/> US Dollar \$ <input type="checkbox"/> UK Pound £ <input type="checkbox"/>	
2	VAT No.	
	Company Registration No.	
	Nature of Business	
	Date Established	
	Type of Company	Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> PLC <input type="checkbox"/> Other <input type="checkbox"/> (please specify).....
3	Accounts Department Contact:	
	Name	
	Address (if different from above)	
	Postcode (Zip Code)	
	County / Region	
	Telephone No.	
	Fax No.	
	Email Address	
	Email Address for Invoices	
4	Purchasing Department Contact:	
	Telephone No.	
	Fax No.	
	Email Address	
5	Sales Department Contact:	
	Name	
	Telephone No.	
	Fax No.	
	Email Address	



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6	Regulatory Contact:	
	Name	
	Telephone No.	
	Fax No.	
	Email Address	
7	Post Market Surveillance Contact:	
	Name	
	Telephone No.	
	Fax No.	
	Email Address	
8	Can you provide traceability for all sales in the event of a product recall?	Yes <input type="checkbox"/> No <input type="checkbox"/>
9	Insurance	
	Do you have insurance to cover your order shipments from Viamed in the event of loss or damage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Do you require chargeable insurance to be added by Viamed to all future orders to be insured by UPS (charged at 1% of shipments goods value minimum £10.00/€11.50/\$12.50)? Should you opt out of our insurance, you are liable for goods as soon as they leave Viamed's premises.	Yes <input type="checkbox"/> No <input type="checkbox"/>
<p>Our Terms and Conditions are posted on our website (www.viamed.co.uk/terms), please read them thoroughly and sign below to accept them.</p> <p>Signature:</p> <p>Print Name:</p> <p>Title:</p> <p>Date:</p> <p>Please submit this form via email to distributors@viamed.co.uk</p>		