

Existing Distributor Review Form

| | Existing distributor Review Form | | | |
|------|--------------------------------------|------------------------------------|--|--|
| 1 | Contact Name & Title | GLENN FRIEDMAN | | |
| | Position | DIRECTOR | | |
| | Department | SERVICE | | |
| | Organisation Full Name | CRYPTONFIX LIMITED | | |
| | Full Address | UNIT 9, EAVES COURT - BONHAM DRIVE | | |
| | | EUROLINK - SITTINGBOURNE | | |
| | | KENT | | |
| | Postcode (Zip Code) | ME10 3RY | | |
| | County / Region | | | |
| | Telephone No. | 01795 426481 | | |
| | Mobile Telephone No. | 07540 624242 | | |
| | Skype Username | | | |
| | Fax No. | | | |
| | Email Address | CRYPTONFIX@GMAIL.COM | | |
| | Website | | | |
| | Currency required | £ POUND | | |
| 2 | VAT No. | 171779573 | | |
| | Company Registration No. | 08676701 | | |
| | Nature of Business | EMISSION TESTER REPAIR | | |
| | Date Established | 2013 | | |
| | Type of Company | Limited | | |
| 3 | Accounts Department Contact: | | | |
| | Name | GLENN FRIEDMAN | | |
| | Address (if different from above) | | | |
| 1 10 | | | | |
| | | | | |
| | | | | |

| | 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 | | |
| 6 | Regulatory Contact: | | |



Existing Distributor Review Form

| | 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 ∟No ∟ MOSTLY | | |
|---|--|---------------------------------|--|--|
| 9 | Insurance | | | |
| | Do you have insurance to cover your order shipments from Viamed in the event of loss or damage? | Yes ∟No X | | |
| | 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 XNo L INSURANCE REQUIRED | | |
| Our Terms and Conditions are posted on our website (www.viamed.co.uk/terms), please read them thoroughly and sign below to accept them. Signature: Print Name: GLENN FRIEDMAN | | | | |
| Title:DIRECTOR | | | | |
| | | | | |
| Date:21-03-2023 | | | | |
| Ple | Please submit this form via email to distributors@viamed.co.uk | | | |
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