



Existing Distributor Review Form

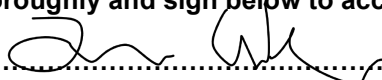
| | | |
|---|--------------------------------------|---|
| 1 | Contact Name & Title | Jason Whitted |
| | Position | Purchase / Exportcontrolmanager |
| | Department | Purchase |
| | Organisation Full Name | WOW! Würth Online World GmbH |
| | Full Address | Schliffenstraße 22 |
| | | |
| | | |
| | Postcode (Zip Code) | 74653 |
| | County / Region | Germany |
| | Telephone No. | 07940981881047 |
| | Mobile Telephone No. | |
| | Skype Username | |
| | Fax No. | |
| | Email Address | einkauf@wow-portal.com |
| | Website | |
| | Currency required | Euro € <input checked="" type="checkbox"/> US Dollar \$ <input type="checkbox"/> UK Pound £ <input type="checkbox"/> |
| 2 | VAT No. | DE815330604 |
| | Company Registration No. | |
| | Nature of Business | Workshop Equipment |
| | 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 | rechnungseingang@wow-portal.com |
| 4 | Purchasing Department Contact: | see above |
| | Telephone No. | |
| | Fax No. | |
| | Email Address | |
| 5 | Sales Department Contact: | |
| | Name | |
| | Telephone No. | |
| | Fax No. | |
| | Email Address | |
| 6 | Regulatory Contact: | |



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| | | |
|---|---|---|
| | 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 checked="" 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 checked="" 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 checked="" type="checkbox"/> No <input type="checkbox"/> |

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: Jason Whitted

Title: Purchase Manager

Date: 27.03.2023

Please submit this form via email to distributors@viamed.co.uk