

Department		
Organisation Full Name		LW GARAGE SERVICES LTD T/A ELECTRONIC SE
Full Address		21 SWIFT CLOSE
		ST NEOTS
		CAMBRIDGESHIRE
Postcode (Zip Code)		PE19 1NW
County / Region		
Telephone No.		07557 407181
Mobile Telephone No.		07557 407181
Skype Username		N/A
Fax No.		N/A
Email Address		lea.wood@sky.com
Website		
Currency required		Euro € <input type="checkbox"/> US Dollar \$ <input type="checkbox"/> UK Pound £ <input checked="" type="checkbox"/>
2	VAT No.	409066011
	Company Registration No.	14026702
	Nature of Business	GARAGE EQUIPMENT SERVICES
	Date Established	15 APRIL 2022
	Type of Company	Limited <input checked="" 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	LEA WOOD
	Address (if different from above)	
	Postcode (Zip Code)	
	County / Region	
	Telephone No.	
	Fax No.	
	Email Address	lea.wood@sky.com
	Email Address for Invoices	lea.wood@sky.com
4	Purchasing Department Contact:	
	Telephone No.	AS ABOVE
	Fax No.	
	Email Address	
5	Sales Department Contact:	
	Name	AS ABOVE
	Telephone No.	
	Fax No.	
	Email Address	

	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 checked="" type="checkbox"/>	No <input type="checkbox"/>
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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"/>
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	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"/>
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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: L. WOOD

Title: OWNER

Date: 20/4/2023

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