



Credit Account Application Form

1	Contact Name & Title	
	Position	
	Department	
	Organisation Full Name	
	Full Address	
	Post Code (zip code)	
	County	
	Country	
	Telephone No.	
	Mobile Telephone No.	
	Skype No.	
	Fax No.	
	Email Address	
Website Address		
2	VAT No.	
	Company Registration No.	
	Nature of Business	
	Date Established	
	Annual Turnover for last filed accounts	
	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).....
	Monthly Credit Limit Requested	
3	Account Department Contact	
	Address (if different from above)	
	Post Code (zip code)	
	County	
	Country	
	Telephone No.	
	Fax No.	
Email Address		
4	Purchasing Department Contact	
	Address	Same as 1 <input type="checkbox"/> Same as 3 <input type="checkbox"/>
	Post Code (zip code)	
	County	

	Country	
	Telephone No.	
	Fax No.	
	Email Address	
5	Business Reference 1	
	Contact Name	
	Organisation Name	
	Address	
	Post Code (zip code)	
	Telephone No.	
	Fax No.	
	Email Address	
6	Business Reference 2	
	Contact Name	
	Organisation Name	
	Address	
	Post code (zip code)	
	Telephone No.	
	Fax No.	
	Email Address	

Our Terms & Conditions are posted on our website (www.viamed-online.com), please read them thoroughly and sign below to accept them.

Signature:

Print Name:

Title:

Date:

Please submit this form by email but also return your signed original application form (photocopies will not be accepted) to:

Viamed Ltd
15 Station Road
Cross Hills
Keighley
West Yorkshire
BD20 7DT
United Kingdom

Once received, we will process your application.