



Credit Account Application Form for UK Customers 1/3

1	Contact Name & Title Position Department Organisation Full Name Full Address Post Code (zip code) County / Region Country Telephone No. Mobile Telephone No. Skype No. Fax No.	JONATHAN HUMPHRIS MRI OPERATIONS MANAGER MRI DPMT COBALT HEALTH LINTON HOUSE CLINIC THIRLESTANE ROAD CRELTENHAM GL53 7AS GLOS. UK 01242 535 904 — — — jonathan.humphris@cobalthelm.co.uk www.cobalthelm.co.uk n/a 4366596 MEDICAL CHARITY 4 FEBRUARY 2002 £26,842,874 accounts
2	Type of Company Monthly Credit Limit Requested	Limited ☒ Partnership ☐ Sole Trader ☐ PLC ☐ Other ☐ (please specify).....
3	Account Department Contact Address (if different from above) Post Code (zip code) County / Region Country Telephone No. Fax No. Email Address	BONNIE SULLIVAN AS ABOVE accounts@cobalthelm.co.uk 4366596@mypaperless.co.uk BONNIE SULLIVAN
4	Email Address for Invoices Purchasing Department Contact Address	Same as 1 ☒ Same as 3 ☐

