VIAMED

Credit Account Application Form for UK Customers   1/2

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.	
	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 ☐ Partnership ☐ Sole Trader ☐ PLC ☐ Other ☐ (please specify)……………………….
	Monthly Credit Limit Requested	
3	Account Department Contact	
	Address (if different from above)	
	Post Code (zip code)	
	County / Region	
	Country	
	Telephone No.	
	Fax No.	
	Email Address	
	Email Address for Invoices	
4	Purchasing Department Contact	
	Address	Same as 1 ☐ Same as 3 ☐
	Post Code (zip code)	

	County / Region	
	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 on your company Letter Headed Paper by email and 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.