



## Credit Account Application Form for Export Customers in the EU 1/2

<b>1</b>	<b>Contact Name &amp; Title</b>	
	<b>Position</b>	
	<b>Department</b>	
	<b>Organisation Full Name</b>	
	<b>Full Address</b>	
	<b>Post Code (zip code)</b>	
	<b>County / Region</b>	
	<b>Country</b>	
	<b>Telephone No.</b>	
	<b>Mobile Telephone No.</b>	
	<b>Skype No.</b>	
	<b>Fax No.</b>	
	<b>Email Address</b>	
<b>Website Address</b>		
<b>Currency required</b>	Euro € <input type="checkbox"/> US Dollar \$ <input type="checkbox"/> UK Pound £ <input type="checkbox"/>	
<b>2</b>	<b>VAT No. (If there is no VAT number, VAT will be charged)</b>	
	<b>Company Registration No.</b>	
	<b>Nature of Business</b>	
	<b>Date Established</b>	
	<b>Annual Turnover for last filed accounts</b>	
	<b>Type of Company</b>	Limited <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Trader <input type="checkbox"/> PLC <input type="checkbox"/> Other <input type="checkbox"/> (please specify).....
	<b>Monthly Credit Limit Requested</b>	
<b>3</b>	<b>Account Department Contact</b>	
	<b>Address (if different from above)</b>	
	<b>Post Code (zip code)</b>	
	<b>County / Region</b>	
	<b>Country</b>	
	<b>Telephone No.</b>	
	<b>Fax No.</b>	
	<b>Email Address</b>	
	<b>Email Address for Invoices</b>	
<b>4</b>	<b>Purchasing Department Contact</b>	
	<b>Address</b>	Same as 1 <input type="checkbox"/> Same as 3 <input type="checkbox"/>



## Credit Account Application Form for Export Customers in the EU 2/2

	<b>Post Code (zip code)</b>	
	<b>County / Region</b>	
	<b>Country</b>	
	<b>Telephone No.</b>	
	<b>Fax No.</b>	
	<b>Email Address</b>	
<b>5</b>	<b>Business Reference 1</b>	
	<b>Contact Name</b>	
	<b>Organisation Name</b>	
	<b>Address</b>	
	<b>Post Code (zip code)</b>	
	<b>Telephone No.</b>	
	<b>Fax No.</b>	
	<b>Email Address</b>	
<b>6</b>	<b>Business Reference 2</b>	
	<b>Contact Name</b>	
	<b>Organisation Name</b>	
	<b>Address</b>	
	<b>Post code (zip code)</b>	
	<b>Telephone No.</b>	
	<b>Fax No.</b>	
	<b>Email Address</b>	

**Our Terms & Conditions are posted on our website ([www.viamed-online.com](http://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.