



Credit Account Application Form For Export Customers Outside the EU 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		
Currency required	Euro € <input type="checkbox"/> US Dollar \$ <input type="checkbox"/> UK Pound £ <input type="checkbox"/>	
2	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 / Region		
Country		
Telephone No.		
Fax No.		
Email Address		
	Email Address for Invoices	
4	Purchasing Department Contact	
	Address	Same as 1 <input type="checkbox"/> Same as 3 <input type="checkbox"/>



Credit Account Application Form For Export Customers Outside the EU 2/2

	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.