



## Credit Account Application Form for UK Customers 1/2

1	Contact Name & Title	SHIRLEY BEATTIE	
	Position	QUALITY OFFICER	
	Department	SALES	
	Organisation Full Name	SCIENTIFIC MEDICAL CLINICAL LTD	
	Full Address	UNIT 687 CARROWHEAD BUSINESS PARK DUNGONAGH BELFAST	
	Post Code (zip code)	BT16 1QP	
	County / Region	DOWNS	
	Country	U.K	
	Telephone No.	02890-410136	
	Mobile Telephone No.		
	Skype No.		
	Fax No.	02890-410137	
	Email Address	sheattie@smeni.com	
	Website Address		
2	VAT No.	GB 835568495	
	Company Registration No.	NI 41931	
	Nature of Business	MEDICAL SUPPLIES	
	Date Established	2002	
	Annual Turnover for last filed accounts		
	Type of Company	Limited <input checked="" 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	MARGARET HASSAN	
	Address (if different from above)		
	Post Code (zip code)		
	County / Region		
	Country		
	Telephone No.		
	Fax No.		
	Email Address	mhaggan@smeni.com	
	Email Address for Invoices	mhaggan@smeni.com	
4	Purchasing Department Contact		
	Address	Same as 1 <input checked="" type="checkbox"/> Same as 3 <input type="checkbox"/>	
	Post Code (zip code)		



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	County / Region	
	Country	
	Telephone No.	
	Fax No.	
	Email Address	
5	Business Reference 1	
	Contact Name	GREGORY BRENNAN
	Organisation Name	BRENNAN & B. LTD
	Address	61, BIRCH AVENUE STIMORSAN INDUSTRIAL PARK CO. DUBLIN - IRELAND
	Post Code (zip code)	
	Telephone No.	003531295250
	Fax No.	003531295233
	Email Address	Gbrennan2@brennan.co.ie
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](http://www.viamed-online.com)), please read them thoroughly and sign below to accept them.

Signature: MARSALET HASSAN

Print Name: MARSALET HASSAN

Title: FINANCE ADMINISTRATION

Date: 21/07/15

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.