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NHS Trust Hospital Credit Account Application Form 1/2

1	Contact Name & Title	Rhyan Curtin
	Position	CCP
	Department	EMRTS
	Organisation Full Name	Emergency Medical and Retrieval Transfer Service
	Full Address	Ty Elusen, Ffordd Angel, Llanelli Gate, Dafen,
	Post Code	SA14 8LQ
	County	
	Country	Wales
	Telephone No.	
	Mobile Telephone No.	
	Skype No.	
Fax No.		
	Email Address	Rhyan.curtin@wales.nhs.uk
	Website Address	
2	Monthly Credit Limit Requested	
3	Account Department Contact	NWSSP – Account Payable
	Address (if different from above)	ABMU Health Board PO Box 4379 Cardiff
	Post Code	CF14 8LA
	County	
	Country	Wales
	Telephone No.	
	Fax No.	
		Email Address
	Email Address for Invoices	Seri.cooke@wales.nhs.uk Lyndsey.re@wales.nhs.uk laura.panes@wales.nhs.co.uk
4	Purchasing Department Contact	
	Address	Same as 1 <input checked="" type="checkbox"/> + Same as <input type="checkbox"/>
		Mid-Wales Airport
		Welshpool
	Post Code	SY21 8RS



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County	
Country	
Telephone No.	
Fax No.	
Email Address	
Valid Purchase Order number Required	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Format of Purchase Order Number	

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 by email but also 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.