

Credit Account Application Form for UK Customers 1/3

1	Contact Name & Title	MR STEPHEN HORAN	
	Position	OPERATIONS MANAGER	
	Department		
	Organisation Full Name	CHALICE MEDICAL LTD	
	Full Address	MANTONWOOD ENTERPRISE PARK DRAYTON COURT WORKSOP	
	Post Code (zip code)	S80 2RS	
	County / Region	NOTTS	
	Country	UK	
	Telephone No.	01909 470777	
	Mobile Telephone No.	N/A	
	Skype No.	N/A	
	Fax No.	N/A	
	Email Address	enquiries@chalicemedical.com	
	Website Address	www.chalicemedical.com	
2	VAT No.	GB 716 3605 46	
	Company Registration No.	0362 5972	
	Nature of Business	MEDICAL SUPPLIERS	
	Date Established	3rd SEPTEMBER 1998	
	Annual Turnover for last filed accounts	£ 11,244,920	
	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	£ 3,000	
3	Account Department Contact	MRS LESLEY WILLIAMS	
	Address (if different from above)	AS ABOVE	
	Post Code (zip code)		
	County / Region		
	Country		
	Telephone No.		
	Fax No.		
	Email Address	accounts@chalicemedical.com	
	Email Address for Invoices	accounts@chalicemedical.com	
4	Purchasing Department Contact		
	Address	Same as 1 <input checked="" type="checkbox"/> Same as 3 <input checked="" type="checkbox"/>	

