



Credit Account Application Form for Export Customers in the EU

1	Contact Name & Title	Jörg Bareiss		
	Position	Administration Orderline		
	Department			
	Organisation Full Name	Grandic Medical Systems AG		
	Full Address	Stadtweg 24		
	Post Code (zip code)	8245		
	County / Region	↑ Feuerthalen		
	Country	Switzerland		
	Telephone No.	0041 52646 0317		
	Mobile Telephone No.			
	Skype No.			
	Fax No.			
	Email Address	joerg.bareiss@grandic.com		
Website Address				
Currency required	Euro € <input checked="" type="checkbox"/>	US Dollar \$ <input type="checkbox"/>	UK Pound £ <input type="checkbox"/>	
2	VAT No. (If there is no VAT number, VAT will be charged)	CHE -108.103.259MWST		
	Company Registration No.	M		
	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			
	Account Department Contact			
	Address (if different from above)			
3	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 checked="" type="checkbox"/> Same as 3 <input type="checkbox"/>		

	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.co.uk), please read them thoroughly and sign below to accept them.

Signature: *V. Bareiss*

Print Name: *Jana Bareiss*

Title: *OL*

Date: *22.12.2021*

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MEDICAL SYSTEMS AG
Stadtweg 24
Postfach
8245 Feuerthalen 74

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.