

Credit Account Application Form

1	Contact Name & Title		
	Position		
	Department		
1	Organisation Full Name		
	Full Address		
	Post Code (zip code)		
	County		
	Country		
	Telephone No.		
	Mobile Telephone No.		
	Skype No.		
	Fax No.		
	Email Address		
	Website Address		
2	VAT No.		
	Company Registration No.		
	Nature of Business		
	Date Established		
	Annual Turnover for last filed		
	accounts		
	Type of Company	Limited PLC	Partnership ☐ Sole Trader ☐ Other ☐ (please specify)
			Other (please specify)
	Monthly Credit Limit Requested		
3	Account Department Contact		
3	Address (if different from		
	above)		
	ubove)		
	Post Code (zip code)		
	County		
	Country		
	Telephone No.		
1	Fax No.		
	Email Address		
4	Purchasing Department		
	Contact		
	Address	Same as 1	Same as 3

1		
	Post Code (zip code)	
	County	
	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 (<u>www.viamed-online.com</u>), 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.