VIAMED

Credit Account Application Form for UK Customers 1/2

1	**Contact Name & Title**	PATRICK MUKIMBILI
	Position	SPECIALS ADMINISTRATOR
	Department	PURCHASING
	Organisation Full Name	MEDEQUIP ASSISTIVE TECHNOLOGY LTD
	Full Address	UNIT 2, THE SUMMIT CENTRE
		SKYPORT DRIVE
		HARMONDSWORTH, MIDDLESEX
	Post Code (zip code)	UB3 - 5LJ
	County / Region	
	Country	
	Telephone No.	0208 - 750 - 1560
	Mobile Telephone No.	N/A
	Skype No.	N/A
	Fax No.	N/A
	Email Address	Purchasing@medequip-uk.com
	Website Address	
2	**VAT No.**	217885C62
	Company Registration No.	04198824
	Nature of Business	MEDICAL SUPPLIES
	Date Established	2001
	Annual Turnover for last filed accounts	150k
	Type of Company	Limited ☑ Partnership ☐ Sole Trader ☐ PLC ☐ Other ☐ (please specify).....
	Monthly Credit Limit Requested	
3	**Account Department Contact**	Kerry Fee
	Address (if different from above)	
	Post Code (zip code)	
	County / Region	
	Country	
	Telephone No.	
	Fax No.	
	Email Address	accounts.payable@medequip-uk.com
	Email Address for Invoices	accounts.payable@medequip-uk.com
4	**Purchasing Department Contact**	
	Address	Same as 1 ☑ Same as 3 ☑
	Post Code (zip code)	

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	County / Region	
	Country	
	Telephone No.	
	Fax No.	
	Email Address	Purchasing@Medequip-UK.com
5	**Business Reference 1**	SUNRISE MEDICAL
	Contact Name	GODFREY LAMB
	Organisation Name	SUNRISE MEDICAL
	Address	THORNES ROAD / BARIELEY HILL
		WEST MIDIANDS
	Post Code (zip code)	OY5 2LD
	Telephone No.	0845 605 6685
	Fax No.	N/A
	Email Address	enquiries@sunmed.co.uk.
6	**Business Reference 2**	
	Contact Name	CHILTERN INVADEX ACCOUNTS
	Organisation Name	CHILTERN INVADEX
	Address	126 CHURCHILL RD / BICESTER
		OXFORDSHIRE
	Post code (zip code)	OX26 2XD
	Telephone No.	01869 365500
	Fax No.	
	Email Address	janet.barnes@Chilterinvader.couk.

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: MICHAEL WEST

Title: DIRECTOR

Date: 21/09/2017

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