



## Credit Account Application Form for UK Customers 1/2

1	Contact Name & Title	MR. R. PERKINS	
	Position	SNR PARTNER	
	Department	N/A	
	Organisation Full Name	GENERAL DIAGNOSTIC	
	Full Address	23 WOODLAND ROAD	
		HINCKLEY	
		LEICESTERSHIRE	
	Post Code (zip code)	LE10 1JF	
	County / Region		
	Country	UK	
	Telephone No.	01455 617888	
	Mobile Telephone No.	07831 464669	
	Skype No.		
	Fax No.	01455 636688	
Email Address	ROD@GENERALDIAGNOSTIC.CO.UK		
Website Address	WWW.GENERALDIAGNOSTIC.CO.UK		
2	VAT No.	424 4914 57	
	Company Registration No.	N/A	
	Nature of Business	GARAGE EQUIPMENT SALES AND SERVICE	
	Date Established	1982	
	Annual Turnover for last filed accounts		
	Type of Company	Limited <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Sole Trader <input type="checkbox"/> PLC <input type="checkbox"/> Other <input type="checkbox"/> (please specify).....	
	Monthly Credit Limit Requested	£800	
3	Account Department Contact	NICHOLA CLARKE	
	Address (if different from above)		
	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)		



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	County / Region	
	Country	
	Telephone No.	
	Fax No.	
	Email Address	
5	Business Reference 1	ROBERT BOSCH LTD
	Contact Name	CAROLINE RYAN - ACCOUNTS dept OR
	Organisation Name	DAN MAIN - SALES MANAGER UK
	Address	PO BOX 98 UXBRIDGE
		MIDDLESEX
	Post Code (zip code)	UB9 5HJ
	Telephone No.	01895 838587 / 878077
	Fax No.	01895 839599
	Email Address	DAN.MAIN@UK.BOSCH.COM
6	Business Reference 2	
	Contact Name	DAN SUMMERS
	Organisation Name	HICKLEYS LTD
	Address	CASTLE STREET
		TARTIER
		TAUNTON SOMERSET
	Post code (zip code)	TA1 4AY
	Telephone No.	01823 328500
	Fax No.	358589
	Email Address	Sales@HICKLEYS.COM

Our Terms & Conditions are posted on our website ([www.viamed-online.com](http://www.viamed-online.com)), please read them thoroughly and sign below to accept them.

Signature: 

Print Name: ROD PERKIN

Title: PARTNER

Date: 1st JUNE 2015

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.