



Credit Account Application Form for UK Customers 1/2

1	Contact Name & Title	MR DAVID VINCENT	
	Position	MD.	
	Department		
	Organisation Full Name	SPORTING EDGE UK LTD	
	Full Address	ASHWOOD PINES, CHURCH END SHEFFIELD ON WOODEN, #	
	Post Code (zip code)	RG 27 0JR	
	County / Region	HANTS	
	Country	UK	
	Telephone No.	01256 881103 / 844484	
	Mobile Telephone No.	07710 306205	
	Skype No.	david.vincent	
	Fax No.	01256 880309	
	Email Address	dave.vincent@sportingedgeuk.com	
	Website Address	sportingedgeuk.com	
2	VAT No.	857 7373 76	
	Company Registration No.	5422863	
	Nature of Business	MANUFACTURER	
	Date Established	12/05/2005	
	Annual Turnover for last filed accounts	£1,086,226	
	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	£1000	
3	Account Department Contact		
	Address (if different from above)	AS ABOVE	
	Post Code (zip code)		
	County / Region		
	Country		
	Telephone No.		
	Fax No.		
	Email Address		
	Email Address for Invoices		
4	Purchasing Department Contact	AS ABOVE	
	Address	Same as 1 <input type="checkbox"/> Same as 3 <input type="checkbox"/>	
	Post Code (zip code)		



Credit Account Application Form for UK Customers 2/2

	County / Region	
	Country	
	Telephone No.	
	Fax No.	
	Email Address	
5	Business Reference 1	ABAC UK
	Contact Name	
	Organisation Name	
	Address	UNIT 11, GRANVILLE WAY CHAUCKER BUSINESS PARK BICKERDOR OXON
	Post Code (zip code)	OX26 4JT
	Telephone No.	01869 326226
	Fax No.	01869 326216
	Email Address	abac.enquiries@abac.co.uk
	6	Business Reference 2
Contact Name		
Organisation Name		PARKER HANNIFIN
Address		TACHBROOK PARK DRIVE WARWICK
Post code (zip code)		CV34 6TU
Telephone No.		01926 317960
Fax No.		01926 317855
Email Address		

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:

Title:

Date:

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.