

Michelle Bhatti

From: viamed.steve.hardaker@gmail.com on behalf of Steve Hardaker
[steve.hardaker@viamed.co.uk]
Sent: 20 April 2016 13:53
To: m.judge@centreforsurgery.com
Subject: Account application form

Dear Michelle,

I have been speaking with Shahaab regarding some sampling lines that we manufacture and he has requested some samples, which we are happy to send.

In order to do that, we need to set you up with an account on our system and require a few details from you. Please find attached an account application form that details all of the information that we need.

If we do begin trading, we would ask for the first purchase order to be on a proforma basis and can then look towards applying the credit facility. If you do not want to set up a 30-day credit facility at this stage, just don't fill in the credit references and we will set up a proforma account instead.

Thanks in advance and I look forward to hearing from you.

Regards,

Steve Hardaker
UK Sales Manager
Viamed Ltd.

<http://www.viamed.co.uk>
email: steve.hardaker@viamed.co.uk
Tel: +44 (0)1535 634542
Fax: +44 (0)1535 635582

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[sent via Gmail]



VIAMED

Credit Account Application Form for UK Customers 1/2

MUSSARAT

1		Contact Name & Title	MRS. BHATTI
		Position	DIRECTOR
		Department	PURCHASING
		Organisation Full Name	ACUTUS MEDICAL LTD
		Full Address	SUITE 1, UNIT 2, COLNE WAY COURT COLNWAY WATFORD
		Post Code (zip code)	WD24 7NE
		County / Region	HERTFORDSHIRE
		Country	UNITED KINGDOM
		Telephone No.	01923 801 601
		Mobile Telephone No.	07500 223 663
		Skype No.	CENTREFORSURGERY2000
		Fax No.	01923 805 805
		Email Address	info@londonlipoinstitute.com
		Website Address	www.londonlipoinstitute.com
2		VAT No.	166755178
		Company Registration No.	8168601
		Nature of Business	PRIVATE CLINIC
		Date Established	AUGUST 2012
		Annual Turnover for last filed accounts	
		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	5,000.00
3		Account Department Contact	MICHELLE
		Address (if different from above)	SAME
		Post Code (zip code)	
		County / Region	
		Country	
		Telephone No.	
		Fax No.	
		Email Address	m-judge@centreforsurgery.com
		Email Address for Invoices	
4		Purchasing Department Contact	GUHAAB & MICHELLE
		Address	Same as 1 <input checked="" 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
Contact Name	MICHELLE GLOVER
Organisation Name	MISTRY MEDICAL SUPPLIES LTD
Address	UNIT 2, VALLEY COURT SANDERSON WAY MIDDLEWICH
Post Code (zip code)	CW10 06F
Telephone No.	01606 838840
Fax No.	01606 833463
Email Address	Michelle @ mistrymedical.co.uk
6	Business Reference 2
Contact Name	DONNA FOSKETT
Organisation Name	ALLIANCE HEALTH CARE
Address	43 COXLANE MIDDLESEX KT9 1SN
Post code (zip code)	
Telephone No.	020 8974 1707
Fax No.	
Email Address	information @ alliance-healthcare.co.uk

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

Signature: M. BIAKU

Print Name: M. BIAKU

Title: DIRECTOR

Date: 20/14/2016

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.