

## Michelle Bhatti

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**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](mailto:steve.hardaker@viamed.co.uk)  
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[sent via Gmail]

20/04/2016



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

1	Contact Name & Title	MRS. <sup>MUSSARAT</sup> BHATTI
	Position	DIRECTOR
	Department	PURCHASING
	Organisation Full Name	ACUITUS 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.	CENTRE FOR SURGERY
	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	£1000.00
3	Account Department Contact	MICHELLE
	Address (if different from above)	
		SAMB
	Post Code (zip code)	
	County / Region	
	Country	
	Telephone No.	
	Fax No.	
	Email Address	M.SUDGE@CENTREFORSURGERY.COM
	Email Address for Invoices	
4	Purchasing Department Contact	SNAHAAB & 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 0BF
	Telephone No.	01606 838240
	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 COX LANE CHESSINGTON KT9 1SN
	Post code (zip code)	KT9 1SN
	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](http://www.viamed-online.com)), please read them thoroughly and sign below to accept them.

Signature: [Signature]

Print Name: M. BART

Title: DIRECTOR

Date: 20/4/2016

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.