



# VIAME

  

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## NHS Trust Hospital Credit Account Application Form 1/2

|                                    |  |                                    |                                    |
|------------------------------------|--|------------------------------------|------------------------------------|
| <b>1</b>                           | <b>Contact Name &amp; Title</b>          |                                    |                                    |
|                                    | <b>Position</b>                          |                                    |                                    |
|                                    | <b>Department</b>                        |                                    |                                    |
|                                    | <b>Organisation Full Name</b>            |                                    |                                    |
|                                    | <b>Full Address</b>                      |                                    |                                    |
|                                    |  |                                    |                                    |
|                                    |  |                                    |                                    |
|                                    | <b>Post Code</b>                         |                                    |                                    |
|                                    | <b>County</b>                            |                                    |                                    |
|                                    | <b>Country</b>                           |                                    |                                    |
|                                    | <b>Telephone No.</b>                     |                                    |                                    |
|                                    | <b>Mobile Telephone No.</b>              |                                    |                                    |
|                                    | <b>Skype No.</b>                         |                                    |                                    |
|                                    | <b>Fax No.</b>                           |                                    |                                    |
|                                    | <b>Email Address</b>                     |                                    |                                    |
| <b>Website Address</b>             |  |                                    |                                    |
| <b>2</b>                           | <b>Monthly Credit Limit Requested</b>    |                                    |                                    |
| <b>3</b>                           | <b>Account Department Contact</b>        |                                    |                                    |
|                                    | <b>Address (if different from above)</b> |                                    |                                    |
|                                    |  |                                    |                                    |
|                                    |  |                                    |                                    |
|                                    |  |                                    |                                    |
|                                    | <b>Post Code</b>                         |                                    |                                    |
|                                    | <b>County</b>                            |                                    |                                    |
|                                    | <b>Country</b>                           |                                    |                                    |
|                                    | <b>Telephone No.</b>                     |                                    |                                    |
|                                    | <b>Fax No.</b>                           |                                    |                                    |
| <b>Email Address</b>               |  |                                    |                                    |
|                                    | <b>Email Address for Invoices</b>        |                                    |                                    |
| <b>4</b>                           | <b>Purchasing Department Contact</b>     |                                    |                                    |
|                                    | <b>Address</b>                           | Same as 1 <input type="checkbox"/> | Same as 3 <input type="checkbox"/> |
|                                    |  |                                    |                                    |
|                                    |  |                                    |                                    |
|                                    |  |                                    |                                    |
|                                    | <b>Post Code</b>                         |                                    |                                    |
|                                    | <b>County</b>                            |                                    |                                    |
|                                    | <b>Country</b>                           |                                    |                                    |
|                                    | <b>Telephone No.</b>                     |                                    |                                    |
|                                    | <b>Fax No.</b>                           |                                    |                                    |
| <b>Email Address</b>               |  |                                    |                                    |
| <b>Valid Purchase Order number</b> | Yes <input type="checkbox"/>             | No <input type="checkbox"/>        |                                    |



## NHS Trust Hospital Credit Account Application Form 2/2

|  |  |  |
|--|--|--|
|  | <b>Required</b>                        |  |
|  | <b>Format of Purchase Order Number</b> |  |

**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:** .....

**Title:** .....

**Date:** .....

Please submit this form by email but also 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.