



# VIAMED

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

1	Contact Name & Title	JOHN TINKHAM		
	Position	PROJECT MANAGER		
	Department	ESTATES		
	Organisation Full Name	UNIVERSITY OF HULL		
	Full Address	COTTINGHAM ROAD, HULL		
	Post Code (zip code)	HU6 7RX		
	County / Region	EAST YORKSHIRE		
	Country	UK		
	Telephone No.	01482 466728		
	Mobile Telephone No.			
	Skype No.			
	Fax No.			
	Email Address	j.tinkham@hull.ac.uk		
Website Address	www.hull.ac.uk			
2	VAT No.			
	Company Registration No.			
	Nature of Business			
	Date Established			
	Annual Turnover for last filed accounts			
	Type of Company	Limited <input 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			
3	Account Department Contact	TRACEY BROTHGERTON		
	Address (if different from above)	ACCOUNTS PAYABLE, VENN BUILDING, UNIVERSITY OF HULL COTTINGHAM ROAD, HULL		
	Post Code (zip code)	HU6 7RX		
	County / Region	EAST YORKSHIRE		
	Country	UK		
	Telephone No.			
	Fax No.			
	Email Address	the accounts-payable@hull.ac.uk		
	Email Address for Invoices			
4	Purchasing Department Contact			
	Address	Same as 1 <input type="checkbox"/> Same as 3 <input checked="" 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	
	Organisation Name	
	Address	
	Post Code (zip code)	
	Telephone No.	
	Fax No.	
	Email Address	
6	Business Reference 2	
	Contact Name	
	Organisation Name	
	Address	
	Post code (zip code)	
	Telephone No.	
	Fax No.	
	Email Address	

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: ..... G. LYON

Title: ..... ADMINISTRATOR

Date: ..... 12/5/17

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.