

Fagron UK New Account Application

1 Company information Company Name

2 Company information Company (if different from above)
Web Address
Reg Office or Home Address
..... Postcode
Purchasing Contact Email Address
Purchasing Contact Telephone Number

3 Owner information Name/s of Owners or Main Directors
Nature of Business

4 Company information Sole Trader Partners Private Company
 Division PLC Academic Institute
Division of whom?

5 Invoice information Is the invoicing address different from above? Yes No
If yes please complete this section:
Address
..... Postcode
Accounts Contact Email
Phone No Fax No

6 VAT information Company Reg No
VAT No

7 Delivery information Delivery Address
City County
Country/Region Code Postcode
Phone No Primary Contact No
Contact Fax No
Email Website

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8 Instruction information

Special Instructions

9 Authority information

Authority to possess materials (please supply copy of relevant certificates).

MHRA/HPRA (e.g. MS, MIA, MIA (IMP), WDA, API Registration, GPhc Pharmacy, MANA, MANSA)

CD Licence

NHS or Private Hospital

VET

Other (if other please state) N/A*

*If you are not buying materials for compounding select N/A.

10 Signatures

Signed Date

Name Position

11 Internal Use:

General Manger

Approval

Credit Admin/Manager

Approval

Responsible Person

Approval

Notes: