NI

PHARMACY SUPPLIES

NEW ACCOUNT APPLICATION FORM

(PLEASE COMPLETE ALL FIELDS IN FULL, IN BLOCK CAPITALS)

FULL COMPANY NAME: _____

TRADING NAME (IF DIFFERENT): _____

TYPE OF COMPANY: ☐ LIMITED COMPANY ☐ SOLE TRADER ☐ PARTNERSHIP ☐ OTHER

_____ VAT NUMBER IS THIS A GROUP VAT REGISTRATION NUMBER ☐ YES ☐ NO

COMPANY REGISTRATION NO: _____

ADDRESS: _____

_____ POSTCODE: _____

PHONE: _____ FAX: _____

PROPRIETORS/DIRECTOR DETAILS

NAME: _____

ADDRESS: _____

EMAIL: _____ TELEPHONE: _____

☐ **YES, I WISH TO RECEIVE MARKETING INFORMATION VIA THE EMAIL ADDRESS STATED ABOVE**

BUYER/DELIVERY ADDRESS (IF DIFFERENT TO REG. ADDRESS)

NAME: _____ TELEPHONE: _____

JOB TITLE: _____ EMAIL: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

☐ **YES, I WISH TO RECEIVE MARKETING INFORMATION VIA THE EMAIL ADDRESS STATED ABOVE**

ACCOUNTS CONTACT

NAME: _____ EMAIL: _____

TELEPHONE: _____ FAX: _____

I THE UNDERSIGNED AM A DULY **AUTHORISED SIGNATURE FOR THE BUSINESS** THIS APPLICATION FORM APPLIES TO. I AM PERSONALLY RESPONSIBLE TO UPDATE PHARMACY SUPPLIES LIMITED REGARDING ANY CHANGES TO THE ABOVE COMPANY DETAILS.

NAME: _____

POSITION IN COMPANY: _____

SIGNATURE: _____ DATE: _____

SUMMARY TERMS & CONDITIONS

1. FREE CARRIAGE ON ALL ORDERS OVER £150.00 IN NORTHERN IRELAND OTHERWISE A CHARGE OF £2.50 WILL BE APPLIED.
2. WE RESERVE THE RIGHT TO ALTER PRICING WITHOUT NOTICE. E&OE.
3. CLAIMS FOR DAMAGES/ SHORTAGES MUST BE REPORTED WITHIN 24 HOURS OF DELIVERY.
4. PAYMENT 30 DAYS AFTER INVOICE DATE.
5. GOODS REMAIN THE PROPERTY OF PHARMACY SUPPLIES UNTIL PAYMENT IS RECEIVED IN FULL.
6. ALL COST PRICES SUBJECT TO VAT AT 20%.
7. NEW ACCOUNTS PROFORMA UNTIL CREDIT ESTABLISHED

ACCEPTANCE TO TRADE IMPLIES FULL AGREEMENT WITH ALL PHARMACY SUPPLIES TERMS AND CONDITIONS WHICH ARE AVAILABLE AT WWW.PHARMACY-SUPPLIES.COM

PHARMACY SUPPLIES LTD, 5-7 TOBERMORE ROAD, DRAPERSTOWN, CO DERRY, BT45 7AG.
TEL: +44 (0) 28 7962 7889 FAX: +44 (0) 28 7962 7111 VAT NO: GB 863 2904 16 EMAIL: SALES@PHARMACY-SUPPLIES.COM WEB: PHARMACY-SUPPLIES.COM

Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

Pharmacy Supplies LTD
The Business Centre,
Old Railway Yard,
5-7 Tobermore Road,
Draperstown,
BT45 7AG

Service user number

5	0	6	2	0	8

Name(s) of account holder(s)

Reference

P	H	A	R	M	A	C	Y		S	U	P	P	L	I	E	S	

Bank/building society account number

Branch sort code

Instruction to your bank or building society
Please pay Pharmacy Supplies Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Pharmacy Supplies and, if so, details will be passed electronically to my bank/building society.

Name and full postal address of your bank or building society

To: The Manager — Bank/building society

Address

Postcode

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account

DDI2

This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Pharmacy Supplies Ltd will notify you FIVE working days in advance of your account being debited or as otherwise agreed. If you request Pharmacy Supplies Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by Pharmacy Supplies Ltd or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
  - If you receive a refund you are not entitled to, you must pay it back when Pharmacy Supplies Ltd asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.