

ACCOUNT OPENING FORM - DISPENSING DOCTORS

18 Oxleasow Road | East Moons Moat | Redditch | Worcestershire | B98 0RE

P: 01527 501900 | F: 01527 502949 | sales@lexonuk.com

Practice Name:	VAT No.:
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ADDRESS AND CONTACT

Practice Address:	Contact Name:
	Position:
	E-mail:
	Practice Phone:
	Practice Fax:
Post Code:	Company Reg No.:

Dispex Account No. (if any):

AUTHORISATION

Does the practice employ a pharmacist?	Yes/	No	GPhC Reg No.:			
Pharmacist's full name:	Hold Wholesale Dealer's Authorisation: Yes No					
*WDA(H) No.:	WDA(H) Issuing Authority:					
Hold CD Licence for Schedule:	2*	3*	4* (Part I)	4* (Part II)	5*	Ref No.:
Legal Categories able to receive:	POM	P	GSL	Cold Chain		

Partner's full name	GMC No.

I/ We hereby apply for a credit account and also thereby agree *terms & conditions* available at http://www.lexonuk.com/site/lexon_terms_conditions.php

Sign:	Sign:
Print Name:	Print Name:
Date:	Date:

Please return completed form by post, Fax: 01527 502949 or via e-mail

Post: Account Opening, Unit 18, Oxleasow Road, East Moons Moat, Redditch, B98 0RE

OFFICE USE ONLY

GMC/ GPhC verified:	Yes	No	NA	Verified by:	Date:
Credit Limit:	New Account No.:				
Approved by:	Sign:	Date:			