

ACCOUNT OPENING FORM

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

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

Retail Pharmacy	Hospital	Non-Pharmacy
Company Name:		
Trading Name:		
Company Reg No.:		VAT No.:
GPhC Premises Reg No.:		
Hold Wholesale Dealer's Authorisation?	Yes No	WDA(H) No.:

ADDRESS AND CONTACT		
Trading:	Registered (if different):	
Post Code:	Post Code:	
Contact Name:	Email:	
Contact Name (Statements):	Email (Statements):	
Phone:	Out of Hours (Phone):	Fax:
Anticipated Spend: £	Sales call preference: Daily Weekly Other (please specify)	

TRADE REFERENCES	
Trade Ref (1):	Trade Ref (2):
Address:	Address:
Phone:	Phone:
Fax:	Fax:

I/ We hereby apply for a credit account and also thereby agree <i>terms & conditions</i> 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			
Reviewed GPhC Authorisation:	Yes	No	
WDA(H) Applicable:	Yes	NA	
WDA(H) Verified:	Yes	NA	
Reviewed Credit Check:	Yes	No	
Reviewed VAT Number:	Yes	No	
Reviewed Company Reg:	Yes	No	
Checked by:	Name:	Sign	Date:
Reviewed by:	Name:	Sign:	Date:
Approved		Declined	
Authorised by: <small>(To be completed by RP)</small>	Name:	Sign:	Date:

