

ACCOUNT OPENING FORM - DISPENSING DOCTORS

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

P: 1527 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:
Post Code:	Practice Fax:

Wholesaler (1)	Wholesaler (2) (if any)	Shortline Wholesaler (if any)

Dispex Account No. (if any):

AUTHORISATION

Does the practice employ a pharmacist? :	Yes/	No	GPhC Reg No.:
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Pharmacist's full name:

Partner's full name	GMC No.

BANK ACCOUNT DETAILS

Bank Name:	Sort Code:
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A/C Name:	A/C No.:
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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:
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Credit Limit:	New Account No.:
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Approved by:	Sign:	Date:
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Instruction to your Bank or Building Society to pay by Direct Debit

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

Lexon (UK) Limited

18 Oxleasow Road
Moons Moat East
Redditch
Worcestershire
B98 0RE

Originator's Identification Number

8	3	7	5	6	6
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Name(s) of Account Holder(s)

Bank/Building Society account number

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Branch Sort Code

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Name and full postal address of your Bank or Building Society
To: The Manager Bank/Building Society
Address

Postcode

Reference

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FOR Lexon (UK) Limited OFFICIAL USE ONLY
This is not part of the instruction to your Bank or Building Society.
Details Checked By:

Signature:

Reference Number:

Date mandate sent to bank:

Instruction to your Bank or Building Society
Please pay Lexon (UK) Limited 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 Lexon (UK) Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signatures

Date

Lexon Customer Account Number

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Banks and Building Societies may not accept Direct Debit Instructions for some types of account

DD11

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 Lexon (UK) Ltd will notify you five working days in advance of your account being debited or as otherwise agreed. If you request Lexon (UK) 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 Lexon (UK) 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 Lexon (UK) 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.