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.:		
ADDRESS AND CONTACT					
Practice Address:	Contact Name:				
	Position:				
	E-mail:				
	Practice Phone:				
Post Code:	Practice Fax:				
Wholesaler (1)	Wholesaler (2) (if any)		Shortlin	e Wholesaler (if any)	
Dispex Account No. (if any):					
AUTHORISATION					
	Vee/ N				
Does the practice employ a pharmacist? : Yes/ No GPhC Reg No.:					
Pharmacist's full name:					
Partner's full name			GMC N	0.	
BANK ACCOUNT DETAILS					
Bank Name: Sort Code:					
A/C Name: A/C No.:					
I/ We hereby apply for a credit account and also thereby agree <i>terms</i> & <i>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					
GMC/ GPhC verified: Yes No N	GPhC verified: Yes No NA Verified by:			Date:	
Credit Limit: New Account No.:					
Approved by: Sigr		Sign:		Date:	



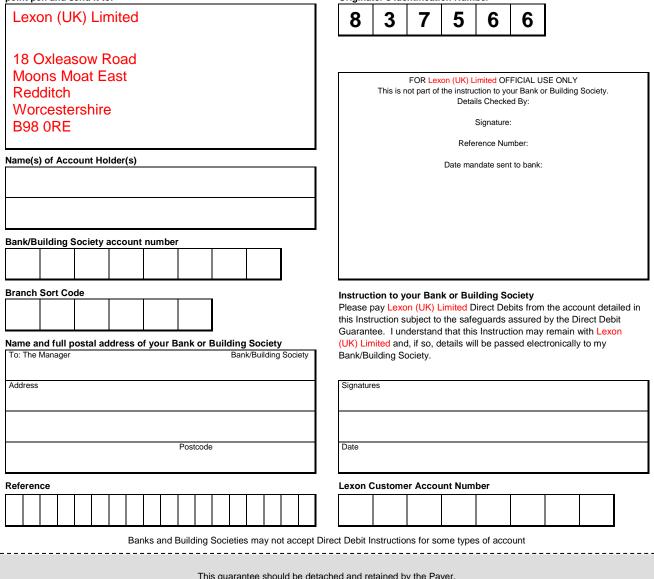
DDI1



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

Instruction to your Bank or Building Society to pay by Direct Debit

Originator's Identification Number



This guarantee should be detached and retained by the Payer.

