ACCOUNT OPENING FORM – VETERINARY CUSTOMERS



18 Oxleasow Road | East Moons Moat | Redditch | Worcestershire | B98 0RE P: 01527 501900 | F: 01527 502949 | sales@lexonuk.com

Practice Name:				VAT No.:			
ADDRESS AND CONTACT							
Practice Address:	Contact Nan	ne:					
	Position:						
	E-mail:						
	Practice Pho	nne.					
	Practice Fax						
Post Code: Wholesaler (1)	Wholesa		2) (if any)	Short line Wholesaler (if any)			
vviolesalei (1)	VVIIOICS	1101 (2	L) (II ally)	SHOIL III	ie vviiolesalei (ii any)		
AUTHODICATION							
AUTHORISATION DOVO Descriptorios Numbers							
RCVS Registration Number:							
Hold Wholesale Dealers Authorisation (WDA	(V)): Yes	No)	*WDA No			
Partner's full name				RCVS	No.		
I/ We hereby apply for a credit account and also thereby agree terms & conditions available at							
http://www.lexonuk.com/site/lexon_terms_co		groc	torrio a corrationo ava	mable at			
Sign:			Sign:				
Print Name:			Print Name:				
Date: 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							
RCVS verified: Yes No	Verified by: Date:			Date:			
Credit Limit:	New Account No.:						
Approved by:		Sigr	ın:		Date:		

Form FGB1409-01 Related SOP No.: TS001





Please fill in the whole form including official use box using a ball

point pe	n and s	end it to):					
Lexo	on (Ul	K) Lin	nited					
Moo Red Wor	ns M ditch	sow Roat E	ast					
Name(s)	of Acc	ount Ho	lder(s)					
Bank/Bu	iilding S	ociety a	account	number	•			
Branch	Sort Co	de						
Name ar	nd full p	ostal ad	ldress o	f your B	ank or I	- Building	Society	
To: The N							k/Building S	ociety
Address								

Postcode

Reference

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

Originator's Identification Number							
8	3	7	5	6	6		

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.

Signatur	es					
Date						
exon C	ustome	er Accou	ınt Num	ber		
					ĺ	l

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

DDI1

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.