



tel: +44 (0) 1481 736837
fax: +44 (0) 1481 736677
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www.healthxchange.com



Customer Account Setup Details For BLANK

Account Name: Please Complete

Contact:

Telephone:

Physicians Name:

Fax:

Mobile:

GMC Number:

Email:

Web:

By signing this form I confirm that: the account details are correct; I am fully responsible for all aspects of the prescribed medication; I am appointed as agent to take delivery of medicines on behalf of patients at the addresses below; medication will be administered in accordance with MHRA/GMC guidelines; you, and restricted relevant pharmaceutical third parties, may use my data for internal marketing analysis purposes*; I acknowledge that medication may be dispensed from different pharmacy locations within your company group; I accept your terms and conditions

Signed:

Dated:

Correspondence Address: Please Complete	Delivery Address
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CREDIT TERMS - The first 3 months orders must be **payment** in advance of shipping. If you would like to pay by credit card, please tick here: We will contact you by telephone for your credit card details.

We also accept payment by BACS made to Pharma-e Ltd 60-09-20 45265852, or alternatively send a cheque payable to Pharma-e Ltd to the postal address below.

After 3 months you may apply for 30 days credit terms if your average purchases exceed £1500 per month. Please contact the accounts department for more information: 01481 748068.

How did you hear of us?

Word of Mouth:

Advert: (pls say where)

Internet:

Other : (pls state)

POSTAL ADDRESS:

Pharma-e Limited, Albert House, South Esplanade, St Peter Port, Guernsey GY1 1AJ

Items also dispensed from:

HealthXchange Pharmacy UK Limited, 146 Great Portland Street, London W1W 6QB



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