Genetech
Your Trust, Our Achievement

Customer Account Application form

Company Information

Company Name:

Invoice Address:

Licensed Warehouse Address:
(Must be address listed on Licence)

Registered Office address:
(If different from Invoice address)

Company Number:

VAT Number:

Company Website address:

WDA Number: Non-UK License Number:

GPhC Pharmacy Number: GPhC Pharmacist Number:

Regulatory Agency Name *(non-UK):*

Regulatory Agency Website for Licence verification *(non-UK):*

Regulatory Agency contact email for Licence verification *(non-UK):*

Sales Contact

Contact Person:

Position:

Telephone Number:

Email Address:

Director/Owner of company *(If different from the sales contact)*

Contact Person:

Position:

Telephone Number:

Email Address:

Unit 6, Kierbeck Business Park, Wharf Lane, Basildon, Essex SS16 4SW
+44 (0) 1708 540402 | **sales@genetechpharma.co.uk**

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Accounts Contact *(If different from the sales contact)*

Contact Person:

Position:

Telephone Number:

Email Address:

RP/QP Contact *(If different from the sales contact)*

Contact Person:

Position:

Telephone Number:

Email Address:

Bank Details

Bank Name:

Bank Address:

Account Name:

Account Number:

Sort code:

IBAN:

SWIFT/BIC Number:

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Reference One

Company:

Address:

Telephone Number:

Email Address:

Reference Two

Company:

Address:

Telephone Number:

Email Address:

Authorised Signature

to be completed by the RP, Deputy RP (EU Based) or Owner (Outside EU)

Contact Person:

Position:

Signature:

Date:

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