

NEW CUSTOMER ACCOUNT APPLICATION



SECTION A: INITIAL DETAILS: This information shall be used to set up a payment account on our Finance System

DATE ACCOUNT REQUIRED			
DEPOT		ELECTRONIC ORDERING	YES <input type="checkbox"/> NO <input type="checkbox"/>
ACCOUNT NUMBER			
CUSTOMER NAME			
ADDRESS LINE 1			
ADDRESS LINE 2			
ADDRESS LINE 3			
POST CODE		COUNTRY	
TELEPHONE NUMBER			
CUSTOMER TYPE	<input type="checkbox"/> PHARMACY	<input type="checkbox"/> Independent	<input type="checkbox"/> Multiple
	<input type="checkbox"/> DOCTOR	<input type="checkbox"/> Dispensing	<input type="checkbox"/> Other
	<input type="checkbox"/> WHOLESALER	<input type="checkbox"/> UK	<input type="checkbox"/> EU <input type="checkbox"/> non EU
	<input type="checkbox"/> OTHER	Please Specify:	
EXPORT	YES <input type="checkbox"/> NO <input type="checkbox"/>		
CO. REG NUMBER		VAT NUMBER	
CURRENCY OF ACCOUNT		PAYMENT METHOD	BACS / CHQ / DD* *if paying by DD please complete attached mandate and return original by post
PAYMENT TERMS			
DELIVERIES PER DAY REQUIRED		BUYING GROUP	
ORDERING CONTACT		TELEPHONE	
FAX NUMBER		E-MAIL	
ACCOUNT CONTACT		TELEPHONE	
EOE COMPUTER SYSTEM	<input type="checkbox"/> CEGIDEM	<input type="checkbox"/> RX	<input type="checkbox"/> POSITIVE SOLUTIONS
ADDITIONAL INFORMATION			

The Munro Group

Strathclyde Pharmaceuticals Limited | SPL (2004) Ltd | Munro Wholesale Medical Supplies Limited | Ecosse Pharmaceuticals Limited

3 Young Place | Kelvin Industrial Estate | East Kilbride | Scotland | G75 0TD

☎: 01355 574450 | ☎: 01355 266422 | ✉: information@munro-group.eu | 🌐: www.munro-group.com

SECTION B: CREDIT LIMIT APPLICATION

APPLICANT NAME	
COMPANY	
PROPOSED NEW ACCOUNT	
PROPOSED CREDIT LIMIT	£ / € / \$
PROPOSED TRADING TERMS <small>(Standard – Net end of month following invoice)</small>	

CONDITIONS OF CREDIT – ACCEPTED BY APPLICANT

Credit is granted only in accordance with the following:

1. Credit may be stopped if the account exceeds the agreed credit limit.
2. Credit will be stopped if the account falls into arrears and Strathclyde Pharmaceuticals Ltd may take further action.
3. A surcharge invoice will be raised to cover late payments at rate of over bank base rate.
4. "Title of Goods" only passes upon full payment.

On behalf of the applicant I/we understand and accept the conditions printed herein and state that I/we duly authorised by the foregoing company to sign this application and give the following warranty.

WARRANTY

In consideration of the granting of credit facilities, I/we agree to make settlement of account by the last working day of the month(s) following the month of supply.

SIGNED (APPLICANT)		POSITION		DATE	
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FOR MUNRO GROUP INTERNAL USE ONLY

FINANCIAL BACKGROUND OF PROPOSED CUSTOMER <small>(ATTACH CREDIT REPORT AND NOTE ANY TRADING HISTORY)</small>				
TO BE COMPLETED BY CREDIT CONTROLLER	DATE		INITIALS	

CREDIT LIMIT AGREED				
TO BE COMPLETED BY AUTHORISED PERSON	DIRECTOR SIGNATURE		DATE	

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SECTION C: MUNRO GROUP AUTHORISATION

AUTHORISATION CHECK (NON WHOLESALE)					
NUMBER		SIGNED		DATE	

AUTHORISATION CHECK (WHOLESALE)					
WDA NUMBER		SIGNED		DATE	
TRANSLATION	YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>				
CDS (NARCOTICS)	AUTHORISATION NUMBER		SCHEDULE	2 <input type="checkbox"/> 3 <input type="checkbox"/> 4I <input type="checkbox"/> 4II <input type="checkbox"/> 5 <input type="checkbox"/>	
RESTRICTIONS ON PRODUCT TYPES					
APPROVED BY SIGNATURE (RP/QP)		PRINT NAME		DATE	

COMMENTS	
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ACCOUNT AUTHORISATION SIGNATURE (DIRECTOR)		PRINT NAME		DATE	
ACCOUNT LOADED SIGNATURE		PRINT NAME		DATE	
AWARDS CONFIRMATION SIGNATURE		PRINT NAME		DATE	
DOCUMENTS FILED SIGNATURE		PRINT NAME		DATE	

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