

GP Account Opening / Amending Form



Please complete all fields in block capitals and return by: Fax: 01 4851 132

E-mail: sales@williamsmedical.ie or post: Williams Medical Supplies, New Accounts Team, FREEPOST CF3963, Rhymney, Tredegar, NP22 5BF

Signatory Name:

Signature:

Position:.....

MCRN No (If signed by a GP for POM's):

Date:

Please Note: A copy of your headed stationery or company stamp (showing your address) is required to open your account

<i>(Please Tick)</i>	
I have read and understood the terms and conditions of the account and agree to abide by them	<input type="checkbox"/>
I accept that payment is due within 30 days from the end of the month of the invoice date	<input type="checkbox"/>
I would like to order online	<input type="checkbox"/>

Legal Entity Name:

Approx. number of patients:

Numbers of partners:

Senior partner name:

Full invoicing address:.....

..... Eircode:.....

Landline number:..... Fax number:

Delivery Address (If different from above):.....

..... Eircode:.....

Practice Manager:

Are you registered for VAT: YES NO If yes, please supply your VAT Registration number:

Names of person(s) authorised to place an order:

Position and email address:.....

Email Address for contact or queries:.....

Email Address for invoicing and payment:.....

Email address for Statement:.....

OPENING TIMES

Monday: Wednesday: Friday:
 Tuesday: Thursday:

Call: 01 5133 222 (Mon-Fri 9am-5pm) Fax: 01 4851 132
email: sales@williamsmedical.ie Web: www.williamsmedical.ie



FREE delivery on **ALL** orders over €100



Same-day despatch on orders before 4pm

FD USE ONLY

Status verified by:

Valid Until:

Date Received: