

New Credit Application & Authorisation to Receive Prescription Only Medicines

B BRAUN	B. BRAUN THORNCLIFFE PARK SHEFFIELD S35 2PW Tel: (0114) 225 9000 Fax: (0114) 225 9111	
I/We apply to open a Credit Account with B. Braun, covering B. Braun Medical Ltd, B. Braun Avitum Ltd, B. Braun Sterilog Ltd, B. Braun Sterilog (Birmingham) Ltd and B. Braun Sterilog (Yorkshire) Ltd. I/We understand that your Credit Terms are NETT 30 Days, from date of invoice. I/We also acknowledge and accept the Conditions of Sale detailed on this application form. PLEASE ATTACH A COPY OF YOUR LETTERHEAD TO THIS APPLICATION	Date	Please print your name here
	and state your position in your Company	
	If part of a group of companies, please give details	
	Please sign here	
Business Name & Address	Delivery Address	
Postcode	Co Reg No	Postcode
Tel	Fax	Tel
Tel	Fax	Fax
Please indicate which applies? Unlimited/Ltd/PLC/Partnership/Govt Body	Nature of Business	VAT No.
Trade Referee 1	Trade Referee 2	
Postcode	Contact	Postcode
Tel	Fax	Tel
Tel	Fax	Contact
Tel	Fax	Fax
Please give name/address of your Bank	Credit Limit required per Month	
Bank	£	
Sort Code	Expected annual value of Purchases	
A/C No.	£	
Address	Contacts (Name and Tel No.)	
Tel	Buyer	P/L Manager
Fax	Finance Director	Accounts Payable
I/We give our permission to B. Braun to take up a bank reference to facilitate the opening of a Credit Account. I/We further understand that from time to time the Company will update this reference and I/We consent to this ongoing procedure.	Invoice address if different	
Postcode	Contact	
Tel	Tel	
Tel	Fax	
Tel	Fax	
How will you pay? (Please delete)	Cheque/BACS	
NOTE: As part of B. Braun's compliance with their Wholesale Dealers Licence, new customers wishing to purchase Licensed Medical Products must provide evidence to support their entitlement to receive such products e.g. supplying a copy of their Wholesale Dealers Licence, Pharmacy Registration Number etc.		
Is your organisation legally authorised to purchase Prescription Only Medicines? YES/NO If you have answered YES to this question, please complete page 2 of this form. Failure to provide the necessary information may result in a delay to orders for Prescription Only Medicines.		

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To comply with regulatory requirements B Braun Medical Ltd is required to check that any customers purchasing Prescription Only Medicines are legally authorised to do so.

Please complete this form and return it to us at your earliest convenience to ensure that there are no delays to your orders for Prescription Only Medicines.

Name of Organisation: _____

Address of Organisation: _____

Postcode: _____

Please select one of the following (*please tick the relevant box and supply the information as requested*):

I confirm that the organisation listed above is legally authorised to purchase Prescription Only Medicines for the following reason:

We have a full Wholesale Dealers Licence and our licence number is WL _____
(Please provide a copy of your licence)

I am a medical doctor and my GMC registration number is _____

I am a registered dentist and my GDC registration number is _____

We are a hospital or a registered pharmacy. Registration number: _____

Other (please provide details):

Name _____

Signed _____

Date _____

Please fax this form to 0114 225 9190

If you have any questions regarding this form please call our Medical Information Service
on: 0800 298 0299