



Janssen Customer Account Application Form

NB: All fields within sections 1,2,3,4 and 7 are mandatory.

1. Customer/Organisation Details

Company/Owner		Telephone:	
Trading As		Fax No :	
Branch Number		E-mail:	
Address (delivery)		VAT #	
Postcode		If you are VAT exempt please indicate and provide your certificate	
Country		Please state below if you are part of any buying group:	
Reg Pharmacist			
Buyer:			

2. Delivery Time Details

	Mon	Tues	Weds	Thurs	Fri
Opening (AM)					
Closing (PM)					
Lunchtime Closing					

Ordering Method (please indicate) EDI Fax/Tel Other:

3. Accounts Department Details (if the same as above please indicate)

Invoice Address (Bill to)			
Statement Address (Payer)			
Key Contact: Name (Accounts)		Telephone No:	
E-Mail Address (statements)			

Please note our preferred payment method is BACS. Our standard payment terms are 25th day of the month following the month of invoice, unless agreed otherwise.

4. Please complete the relevant section (s) below

Pharmacy Registration Code	
NHS Practice Code	
GMC Code & GP Name	
Wholesale Dealer's Licence	
Private Clinic Licence	
Occupational Health Licence / Ref	
Yellow Fever Centre Number	

5. Please Indicate Classification (X)

Retail Pharmacy	<input type="checkbox"/>
Dispensing Doctor	<input type="checkbox"/>
Non Dispensing Doctor	<input type="checkbox"/>
NHS Hospital	<input type="checkbox"/>
Private Hospital	<input type="checkbox"/>
Wholesaler	<input type="checkbox"/>
Other (please state):	<input type="text"/>

6. Order Details

Product Description including strength	Quantity	Notes/Purchase Order Number

Additional Information:

Next Steps and Further Information

Please note we will endeavour to process your account application within 2 working days of submission. We aim to deliver next day post account creation, however please allow up to 2 working days for delivery.

7. Declaration

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By signing this form you are agreeing to abide by our terms and conditions. A copy of our terms and conditions can be found on our website: www.janssen.co.uk

Name (please print)	
Position	

Date:

Once complete, please send either via fax: 01494 567 401 or via e-mail: Janssenukcustomerservices@its.jnj.com

Internal Use

Checked By	<input type="text"/>	A/C Manager	<input type="text"/>	A/C No	<input type="text"/>
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