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Raman Pharma Ltd

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| **RAMAN PHARMA LTD – CUSTOMER ACCOUNT APPLICATION FORM** |
| A | Business details: |
|  | Company Registration name: |  | If Ltd company, please state your registration no. **If not, please state your company type:** |  |
| Delivery address: Street number, street name, Town, County and Post Code |  | VAT Number: |  |
| Fax Number: |  |
| Order contact Name: |  |
| Bill to address:(if different to delivery) |  |
| Contact name and email address for invoices/statements: |  | Head Vet Name and RCVS reference number: |  |
| Contact name and email address for queries, order confirmations and recalls: |  | Additional branches for deliveries (name and address) if required: |  |
| Business Telephone Number: |  |

|  |  |
| --- | --- |
| B | Delivery Information |
|  |  | Opening Time | Closing Time |
| Monday |  |  |
| Tuesday |  |  |
| Wednesday |  |  |
| Thursday |  |  |
| Friday |  |  |
| **Please make us aware of any times deliveries are not able to be made. We deliver between 8.30am – 5.30pm Monday-Friday – please ensure someone is available during these times:** |
| **Delivery Instructions:**  |

|  |  |
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| C | I agree with all the information above |
|  | PROPRIETOR’S/DIRECTOR’S/MANAGER’S SIGNATURE: | NAME: | DATE: |

|  |  |
| --- | --- |
| D |  By signing and returning this application form, you confirm that the details you have provided are true and complete and you understand that we may search the records held by credit referenceand fraud prevention agencies (the “Agencies”) which may include information from the Electoral Register, when considering this application and at other times during your relationship withRaman Pharma Ltd (for example, to check your identity and decide your credit limit). You agree and understand that the Agencies will record our search even if this application does not proceedand you consent to us obtaining such information from Agencies, professional bodies and others named on this form for the purposes of determining whether we should proceed with yourapplication. Such information may include details relating to your health and any criminal record you may have. |
|  | I/We consent to Raman Pharma Ltd and its affiliates processing including, without limitation, storing and sharing information:a) my name and the name, address and telephone number of the practice; and b) any information relating to the volume of products, by manufacturer, supplied to me or the practice by Raman Pharma Ltd,that may be held by Raman Pharma Ltd or any of its affiliates from time to time. I understand that Raman Pharma Ltd and its affiliates will comply with the Data Protection Act 1998 in processing my personal data. |
| We may use your information to let you know about other products and services offered by Raman Pharma Ltd, which we think, will be of interest to you. If at any time you wish to stop receivingthis information from us, please write to Raman Pharma Ltd Sales Department, Unit 2 Fleet Business Park, Sandy Lane, Church Crookham, Fleet, Hampshire, GU52 8BF. |
| AUTHORISATION: |
| I/We hereby apply for credit terms with Raman Pharma Ltd and agree to be bound by your terms and conditions of sale as printed on the back of this document. The above details are correct tothe best of my/our knowledge. |
| DIRECTOR’S SIGNATURE: | NAME: | DATE: |