

New Account opening form

Lynam Pharma Limited

4 Bessemer Crescent, Rabans Lane Industrial Area, Aylesbury, Buckinghamshire HP19 8TF

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BUSINESS CONTACT INFORMATION

Full name:			
Company name:			
Phone	Fax	Email	
Registered company address:			
City:		County:	Post code:
Date business commenced:			
Sole proprietorship:	Partnership:	Limited company	Other:

BUSINESS INFORMATION

Primary business address:			
City:		County:	Post code:
How long at current address?			
Telephone:	Fax:	E-mail:	
Medical Director details:			
Address :		GMC / GPhC	
City:		Post code	City:
CQC registration:	YES / NO		
Home office CD registration	YES / NO		
Registration number			
Other			

BUSINESS/TRADE REFERENCE

Company Name	Address	Phone/Fax/Email
Company Name	Address	Phone/Fax/Email

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Lynam pharma limited to make inquiries to the trade references that you have supplied.
4. Medical director to send copy of identification (Passport or driving licence)

Signature: _____

Date signed: [Date]

