

GP Account Opening / Amending Form



Please complete ALL fields in BLOCK CAPITALS and return to:

Williams Medical Supplies, FREEPOST CF3963, Maerdy Industrial Estate, Rhymney, NP22 5BF

Signatory Name:

Signature:

Position:

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

Please note : Only a GP's signature is acceptable as authorisation of the account if pharmaceuticals are required. Completion of the above including GMC No. by a Practice Doctor is accepted as authorisation for us to deliver pharmaceuticals to the surgery or designated addresses as supplied (i.e. branch surgery addresses).

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

I have read and understood the terms and conditions of the account and agree to abide by them	<small>(Please Tick)</small> <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"/>
Dispensing	<input type="checkbox"/>
Non Dispensing	<input type="checkbox"/>

Date:.....

Approx. number of patients:.....

Number of partners:

Senior partner name:

Full invoicing address:

..... Postcode:

Landline number:..... Fax number:

Delivery Address (If different from above):

..... Postcode:

Practice Manager:

Surgery NHS Code:

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:.....

If you wish to make your payments easier through direct debit please call 01685 846666

Call: 01685 846666 (Mon-Fri 8.30am-6pm) Fax: 01685 844725

email: sales@wms.co.uk Web: www.wms.co.uk



FREE Delivery on ALL Orders over £100



Same-day despatch on orders before 6pm

WMS USE ONLY

Status verified by:
.....

Valid Until:
.....

Date Received:
.....

