

New Customer Form

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Thank-you for your enquiry; would you please provide the following information to enable us to progress your order.

Pharmacy <input type="checkbox"/>	Wholesaler <input type="checkbox"/>	Hospital <input type="checkbox"/>	Dentist <input type="checkbox"/>	Doctor <input type="checkbox"/>	Pharmacist <input type="checkbox"/>	Other:	
Intended use:	Wholesale <input type="checkbox"/>		Retail (independent/outpatient) <input type="checkbox"/>			Internal (inpatient) <input type="checkbox"/>	
Product type:	Unlicensed Medicines* <input type="checkbox"/>		Licensed Medicines <input type="checkbox"/>			Controlled Drug (narcotic) <input type="checkbox"/>	
Organisation Contact Name:				Position/Title:			
Organisation / Branch Name:							
Branch No. (if applicable):							
Registration / License No:							
Telephone / Fax Number:		Tel:			Fax:		
Email Address:							
Invoicing Details:							
Invoice Department Contact Name:							
Invoice Address:							
Country & Zip Code:		Country:			ZIP:		
Telephone / Fax No:							
Currency for billing:		Sterling: <input type="checkbox"/>		Euro: <input type="checkbox"/>		US Dollar: <input type="checkbox"/>	
VAT No:		Controlled Drugs (Narcotic/Poison) Licence No: *COPY REQUIRED*					
VAT Exempt Certificate Required		Yes/No		Wholesale Licence No: *COPY REQUIRED*			
Delivery Details:							
Delivery Address:							
Country & Zip Code:		Country:			ZIP:		
Telephone / Fax No:		Tel:			Fax:		
Site Registration Ref (if applicable)							
Overseas Delivery Requirements:							
<i>Additional Information on Invoice, etc</i>							
Own Courier Company Name				Courier Account Ref:			

Item(s) Required

Product Code	Product name and description of Item (Including pack size and strength)	Quantity Required

* Please be advised that by placing an order and signing below you declare it is unsolicited and the products are used to fulfil a special clinical need that cannot be met by a licensed medicinal product and for dispensing in accordance with a prescription for an individual patient under the prescriber's direct responsibility. The products supplied in response to the order are 'unlicensed medicines' as defined by the Human Medicines Regulations 2012 and are supplied according to the requirements described in the MHRA Guidance note 14.

Veriton Pharma Ltd. "Terms and Conditions of Supply" have been provided, read and agreed:				YES <input type="checkbox"/>	NO <input type="checkbox"/>
Signature:		Date:		Position:	

Office Use

QA Approval	Name:		Date:		Signature:	
Customer No				Price Band		
Input on SAGE	Name:		Date:		Signature:	