

WEBSITE REGISTRATION FORM (non-purchasing)

YOUR DETAILS:

Full Name		Email	
Job Title			
Organisation Name			
Full Address			
City	County	Eircode & Country	
Phone No.	Fax	Home Page	
Other Information			

Pharmacist	PSI No.	Print Name
Clinician	Registration No	Print Name
Dentist	Registration No	Print Name
Other	Any Registration Details	Print Name
Signature		Signing this section also indicates you wish to access information on Exempt Medicinal Products and accept Website Terms of Use.

We agree to receive relevant information and regular product/service updates



All invoices are subject to our Terms and Conditions. We reserve the right to retention of title of these goods until payment is received in full.
Any damages or shortages must be reported within 48 hours of receipt of goods.

Bank Details: • Sort code: 93-20-94 • Account number: 99540024 • IBAN: IE43AIBK93209499540024 • BIC: AIBKIE2D
Company no: 570480 • (VAT No) Tax regn: 3390049QH