

ACCOUNT APPLICATION FORM

COMPANY DETAILS:

Company Name		
Full Delivery Address		
City	County	Eircode & Country
Primary Contact		Email
Phone No.	Fax	Home Page
Company Registration No		VAT No
Delivery Instructions		
Pharmacy Brand / Symbol Group		Buying Group Member and details

AUTHORITY TO POSSESS MATERIALS:

Pharmacy PSI No.	Wholesale Dealer Authorisation No.	<input type="checkbox"/> Certificate Attached
Superintendent Pharmacist PSI No		

Clinics / Hospitals with No Pharmacy	Responsible Medical Practitioner Medical Council Registration No.	<input type="checkbox"/> Practitioner Declaration of Compliance Attached
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Dentists	Dental Council Registered No.
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Other Please Provide Details

Print Name

Signature

Signing this section also indicates you wish to access information on Exempt Medicinal Products and accept Website Terms of Use.

EXEMPT MEDICINAL PRODUCTS

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: 98-55-65 • Account number: 13712582 • IBAN: IE71ULSB98556513712582 • BIC: ULSBIE2D
Company no: 570480 • (VAT No) Tax regn: 3390049QH

INVOICES: (If different from above)

Company Name	
Address	
Eircode	
Accounts Contact	
Phone No	Fax No
Email	Credit Limit Required

TRADE REFERENCES:

First Trade Reference
Name
Address
Second Trade Reference
Name
Address



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BANK:

Bank Name & Full Address		
Contact		
Bank Sort Code	Bank Account No	Transit No
SWIFT Code		IBAN

CONTACTS:

Finance:	
Name	Position
Phone No	Email
Orders:	
Name	Position
Phone No	Email
Quality, Complaints:	
Name	Position
Phone No	Email

We agree to abide by all Trading Terms and Conditions:

Authorised commercial contact signature	Print Name
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SEPA Direct Debit Mandate



*Creditor Identifier: IE83ZZZ361609

Legal Text: By signing this mandate form, you authorise (A) EMP-Exempt Medicinal Products Ltd to send instructions to your bank to debit your account and (B) your bank to debit your account in accordance with the instruction from EMP-Exempt Medicinal Products Ltd.

As part of your rights, you are entitled to a refund from your bank under the terms and conditions of your agreement with your bank. A refund must be claimed within 8 weeks starting from the date on which your account was debited. Your rights are explained in a statement that you can obtain from your bank.

Please complete all the fields below marked *

*Customer Name:

*Customer
Address:

*City/postcode

Country:

* Account number (IBAN)

*Swift BIC

EMP-Exempt Medicinal Products Ltd
Unit 3, Boyne Business Park, Greenhills Road,
Drogheda
Co. Louth A92 AN88

*Type of payment Recurrent or One-Off Payment (Please tick ✓)

*Date of signing:

*Signature(s)

Please return the signed original mandate to EMP-Exempt Medicinal Products Ltd

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