



ROI NEW ACCOUNT APPLICATION FORM

01. COMPANY ITEMS

COMPANY NAME:																					
COMPANY REG. NO.:																					
DATE ESTABLISHED:											YEARS IN BUSINESS:										
TRADING NAME:																					
TRADING ADDRESS:																					
											POSTCODE:										
PHONE NUMBER:																					
EMAIL ADDRESS:																					
PROPOSED MONTHLY CREDIT LIMIT:											€										
MAXIMUM CREDIT LIMIT REQUIRED AT ANY TIME:											€										

02. VAT DETAILS

VAT EXEMPT:	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	
VAT NUMBER*:					<i>*If applicable</i>
VAT EXEMPT NUMBER*:					<i>*If applicable, forward your VAT 13B form separately</i>
NATURE OF BUSINESS:					
NUMBER OF BRANCHES:					
PHARMACY REG. NO.:					

03. CONTACT DETAILS

ACCOUNTS NAME:																				
ACCOUNTS EMAIL:																				
ORDERING NAME:																				
ORDERING EMAIL:																				
STORE MANAGER NAME:																				
STORE MANAGER EMAIL:																				

04. AUTHORISATION

The title of said goods does not pass until 'all monies' are paid in full, and I acknowledge that Fleming Medical Ltd., may repossess the said goods without any notice whatsoever to me. **PAYMENT TERMS: 30 DAYS MONTHS END**

OWNERS NAME:																					
SIGNATURE:											DATE:										

05. FOR OFFICE USE ONLY

ACCOUNT CODE:											REP. CODE:											
OFFICE SIGNATURE:											CREDIT LIMIT GIVEN:	€										
											DATE:											



FLEMING
MEDICAL

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