



Rev 7

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Amimed Direct Ltd
Unit 20
Garrick Industrial Estate
Irving Way
London NW9 6AQ

New Customer Account Form Questionnaire

Amimed Account No.:	
1. Company Name T/A	
2. Head Office Address	
3. Invoice Address	
4. Delivery Details (if different from invoice address)	
5. Accounts Department: Contact Name Contact Email Contact Tel No.: Contact Fax No.:	
6. Purchasing Information Purchasing Name Purchasing Email Purchasing Tel No.: Purchasing Fax No.:	
7. Company VAT No.:	
8. Bank name	
9. Bank Branch and Address	
10. Company Telephone number	
11. Company Fax number	
12. Person responsible for Customer Service (with email address)	

13. Company Description (main activities)	
14. Length of time in business	
15. Has any Regulatory Agency inspected your facility within the past 12 months?	Yes <input type="checkbox"/> No <input type="checkbox"/> Last Inspection Date:
16. Does your company hold a current Wholesale Dealer's Licence, Manufacturer's Licence or Home Office Licence? If yes, please attach.	Yes <input type="checkbox"/> No <input type="checkbox"/> Attached <input type="checkbox"/>
17. Does the company have a GPhc licence/NPA No./RCVS Accredited?	Yes <input type="checkbox"/> No <input type="checkbox"/> Registration No.:

To be filled in by the customer:

SIGNATURE	
NAME	
POSITION	
DATE (dd/mm/yyyy)	
COMPANY STAMP (if applicable)	

For Internal Use Only:-

REVIEWED BY	
DATE (dd/mm/yyyy)	
ACCOUNT HANDLER	
SIGNATURE	