



**SECTION A - ABOUT YOUR BUSINESS**

Trading Name ..... Trading Address ..... ..... Postcode ..... Trading Website ..... Branch Email Address ..... Years Trading ..... Are you a Limited Company?      Yes <input type="checkbox"/> No <input type="checkbox"/>	Telephone No. .... Fax No. .... Are you a member of any Pharmacy Buying Groups? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of Group ..... Membership Number ..... Pharmacy Registration Number ..... Non UK Accounts Only VAT No. ....
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If you have ticked **Yes** please ensure **Section B1** is completed on your application.  
 If you have ticked **No** please ensure **Section B2** is completed on your application.

Paul Murray Plc will send you early access to promotions, special offers and new product launches via email using your main email address. You can withdraw your consent at any time.

Please contact me using a different email address: .....  No, do not contact me with offers or promotions

Type of Account Requested: <b>Credit Account</b> <input type="checkbox"/> <b>Proforma Account</b> <input type="checkbox"/>	<b>Head Office Use Only</b> Account Number ..... Approved by Responsible Person .....
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How do you wish your account to be managed:      Sales Representative       Online and Sales Rep

**SECTION B1 - LIMITED COMPANY INFORMATION** Please only fill out this section if you ticked **YES** to being a limited company.

Limited Company Name .....	Postcode .....
Company Registration No. ....	
Registered Office .....	
.....	

**SECTION B2 - NON-LIMITED COMPANY INFORMATION** Please only fill out this section if you ticked **NO** to being a limited company.

Proprietor 1 .....	Postcode .....
Home Address 1 .....	Tel .....
.....	Email .....

**SECTION C - BILLING DETAILS** These details will appear on your invoice - please ensure they are correct.

Name on Invoice .....	Delivery Address (if different to billing address) .....
Billing Address .....	.....
.....	.....
.....	.....
Postcode .....	Postcode .....
.....	Email Address for Invoice & Statements .....

**DECLARATION**

Invoices are to be paid in full on the last working day of the month following the month of invoice (unless otherwise specified). The Paul Murray Plc Conditions of Sale will apply to all goods invoiced by Paul Murray Plc. Please read our terms and conditions on our trade website: [www.murrayshealthandbeauty.com](http://www.murrayshealthandbeauty.com)

Credit, if granted, will not exceed the maximum limit specified in the credit agreement. Credit may be stopped if the payment terms are not adhered to. A credit account may not be opened until a satisfactory reply has been received from both trade references provided on the credit application. Company accounts may be requested.

Statements will be issued monthly. Credit checks may be carried out on the details contained within this form. I hereby agree to the above.

Signed ..... Print ..... Position ..... Date ...../...../.....

