

Your documents and Customer Portal Registration Form

What is this form for?

- To access your statements, invoices and credit notes via [YourDocuments website](#),
- To access your management reports and spend dashboard through the [Customer Portal website](#).

How to fill out this form?

- **Fully** completed using **BLACK** ink and **CAPITAL** letters. Illegible or partially completed forms will not be processed.
- For more information please contact Alliance Healthcare Customer IT on 0800 032 2454.
- Sign, date and return the form preferably via **email**: customer.it@alliance-healthcare.co.uk, **post** to: *Customer IT, Alliance Healthcare, 43 Cox Lane, Chessington, KT9 1SN* or **fax**: 02089741707.

Your Alliance Account Number(s)

--

Your Details

Customer or Trust Name

--

Pharmacy manager

--

Address

Postcode

--

Contact Phone Number

--

User(s) to be registered

If you wish to register additional users, please continue on page 2.

Full Name

--

Job Title

--

Email address (One person per email address)

Additional User No. 2

Full Name

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Job Title

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Email address (One person per email address)

Additional User No. 3

Full Name

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Job Title

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Email address (One person per email address)

Signing your form and sending it back

Please note: This information will only be used to provide you with access to your statements, invoices and credit notes via YourDocuments website, and management reports and spend dashboard through the Customer Portal website.

You will receive your login details **5 – 10 working days** from receipt of your sign-up form.

I authorize the persons named above to have access to the statements, invoices and credit notes on the YourDocuments website, and management reports and spend dashboard on the Customer Portal website for the account number(s) listed above.

Full Name

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Date

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Signature

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