your documents Registration Form

How to fill in this form

We require this form to be **fully** completed using black ink and capital letters. Illegible or partially completed forms will not be processed.

We are able to use one email address per legal entity. For more information on this please contact Alliance Healthcare Customer IT on **0800 032 2454**.

Sign, date and return the form by fax to: **0191 271 5788**
Or post to: **Customer IT, Alliance Healthcare, 4 Pooley Close, Westerhope, Newcastle Upon Tyne, NE5 2TF**

Your details

Customer or Trust Name

Your Name

Address

Postcode

Your Contact Phone Number

Your Account Numbers

User to be registered

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

Full Name

Job Title

Email Address (one email address only)

Continued...

your documents Registration Form

Additional User No. 2

Full Name

Job Title

Email Address (one email address only)

Continued...

Additional User No. 3

Full Name

Job Title

Email Address (one email address only)

Continued...

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 credits via **your documents.**

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

I authorise the persons named above to have access to statements, invoices and credits for the account numbers listed above.

Signature _____ **Date (DD / MM / YYYY)** __ __ / __ __ / __ __ __ __

Full Name