

ALLIANCE HEALTHCARE

CUSTOMER ACCOUNT APPLICATION FORM

DATE SUBMITTED DD / MM / YYYY	OLD ACCOUNT NUMBER	LINK CODE (INTERNAL)	NEW ACCOUNT NUMBER (INTERNAL)
EFFECTIVE FROM DATE DD / MM / YYYY	ACCOUNT MANAGER	TERMS GROUP NUMBER	SERVICE CENTRE (INTERNAL)

SECTION 1A: COMPANY DETAILS

REGISTERED NAME COMPANY ADDRESS

TRADING NAME Can be different to
delivery address

TICK HERE IF THERE HAVE BEEN ANY INSOLVENCY PROCEEDINGS
OR CCJs AGAINST PROPRIETORS/DIRECTORS/COMPANY POSTCODE

SECTION 1B: REGISTRATION DETAILS (IF APPLICABLE)

COMPANY REG. NO VAT NUMBER

PHARMACIST REG. NO DOCTOR'S GMC NO.

WHOLESALE LICENCE NO PHARMACIST NAME

SECTION 2A: TYPE OF BUSINESS (YOU MUST CHOOSE AT LEAST TWO E.G. PHARMACY/SOLE TRADER)

PUBLIC LIMITED PRIVATE LIMITED SOLE TRADER CHARITY PARTNERSHIP IF OTHER, PLEASE STATE BELOW

PHARMACY NON-DISPENSING GP DISPENSING GP WHOLESALE HEALTH & BEAUTY IF OTHER, PLEASE STATE BELOW

SECTION 2B: TYPE OF PHARMACY (IF APPLICABLE)

CORE HOUR 100 HOUR CONTRACT INTERNET/DISTANCE PRIVATE IF OTHER, PLEASE STATE BELOW

SECTION 3A: DELIVERY DETAILS

DELIVERY ADDRESS ANY TIME

Can be different to
company address NOT SAT

POSTCODE

TICK THE TIMES WHEN WE CAN DELIVER						
	MON	TUES	WED	THU	FRI	SAT
AM						
PM						N/A

SECTION 3B: CONTACT DETAILS

DIRECTOR/
PROPRIETER NAME CONTACT NAME

TELEPHONE MOBILE

BILLING EMAIL PLEASE TICK HERE IF YOU WOULD LIKE
STATEMENTS SENT VIA EMAIL

YOUR EMAIL ADDRESS AND CONTACT DETAILS MAY BE USED FOR BUSINESS PURPOSES

SECTION 4: REASON FOR NEW ACCOUNT (TICK ONE)

NEW CONTRACT CHANGE OF LEGAL STATUS NEW OWNERSHIP

SECTION 5A: SPEND (FAILURE TO PROVIDE THIS CAN CAUSE DELAY IN OPENING YOUR ACCOUNT)

ESTIMATED MONTHLY SPEND: £

SECTION 5B: SUPPORTING DOCUMENTATION

TICK IF YOU HAVE PROVIDED 3 MONTHS OF PPA STATEMENTS OR/AND SUPPLIER STATEMENTS TO SUPPORT A CREDIT APPLICATION

TICK IF YOU HAVE PROVIDED MANAGEMENT ACCOUNTS AND/OR PROFIT AND LOSS DOCUMENTS TO SUPPORT A CREDIT APPLICATION

SECTION 6: AUTHORISATION

Definitions: - **Personal Data:** means any information relating to an identified or identifiable natural person. An identifiable natural person is one who can be identified, directly or indirectly, in particular by reference to an identifier such as a name, an identification number, location data, an online identifier or to one or more factors specific to the physical, physiological, genetic, mental, economic, cultural, or social identity of that natural person.

Business Data: any data or information relating to your business including, but not limited to, details of your account with Alliance Healthcare (Distribution) Limited ("Alliance Healthcare"), your spend and products purchased from us or data collected on your EpoS and/or PMR systems (to the extent applicable) and provided to Alliance Healthcare.

1. **Personal Data:** Alliance Healthcare will never sell your Personal Data to a third party.
2. **Business Data:** Notwithstanding 1. above, in respect of Business Data Alliance Healthcare will be entitled to use, share or sell to third parties or publish any such data for its legitimate interests in such a way that individuals cannot be identified from the data.
3. Alliance Healthcare will only process your Personal Data in accordance with applicable privacy laws and only to the extent required for Alliance Healthcare to pursue its legitimate interests where Alliance Healthcare believe your fundamental rights or freedoms would not be overridden.
4. Alliance Healthcare may use your information to let you know about other products and services offered by Alliance Healthcare and other companies, in the Alliance Boots Group, which Alliance Healthcare think will be of interest to you.
5. Any questions about section 4 or how Alliance Healthcare will process your Personal Data please contact privacy@alliance-healthcare.co.uk. For more information on Privacy at Alliance Healthcare please visit <http://www.alliance-healthcare.co.uk/privacy-and-security>.

By signing and returning this application form, you consent to Alliance Healthcare using and keeping information provided by you or by third parties such as credit reference agencies, professional bodies and others named on this form relating to your application. This information may also be shared amongst the Alliance Healthcare group of companies for the purpose of account management.

I/We hereby apply for credit terms with Alliance Healthcare. I agree to be bound by your terms and conditions of sale as displayed on the Alliance Healthcare web site at www.alliance-healthcare.co.uk. The above details are correct to the best of my/our knowledge.

DIRECTOR/PROPRIETER NAME	DIRECTOR/PROPRIETER SIGNATURE	DATE OF AUTHORISATION DD / MM / YYYY