

01. COMPANY ITEMS

COMPANY NAME:

COMPANY REG. NO.:

DATE ESTABLISHED: / / YEARS IN BUSINESS:

TRADING NAME:

TRADING ADDRESS:

 POSTCODE:

PHONE NUMBER:

EMAIL ADDRESS:

PROPOSED MONTHLY CREDIT LIMIT: €

MAXIMUM CREDIT LIMIT REQUIRED AT ANY TIME: €

02. VAT DETAILS

VAT EXEMPT: YES NO

VAT NUMBER*: I E **If applicable*

VAT EXEMPT NUMBER*: **Attach VAT 13B Form (if applicable)*

NATURE OF BUSINESS:

NUMBER OF BRANCHES:

PHARMACY REG. NO.:

03. CONTACT DETAILS

ACCOUNTS NAME:

ACCOUNTS EMAIL:

ORDERING NAME:

ORDERING EMAIL:

STORE MANAGER NAME:

STORE MANAGER EMAIL:

04. AUTHORISATION

The title of said goods does not pass until 'all monies' are paid in full, and I acknowledge that Fleming Medical Ltd., may repossess the said goods without any notice whatsoever to me. **PAYMENT TERMS: 30 DAYS MONTHS END**

OWNERS NAME:

SIGNATURE: DATE: / /

05. FOR OFFICE USE ONLY

ACCOUNT CODE: REP. CODE:

CREDIT LIMIT GIVEN: € DATE: / /

OFFICE SIGNATURE:



ROI SEPA DIRECT DEBIT MANDATE

CREDITOR IDENTIFIER:

I E 5 2 Z Z Z 3 0 1 7 3 6

FLEMING MEDICAL LTD. ACCOUNT NO.:

LEGAL TEXT: BY SIGNING THIS MANDATE FORM, YOU AUTHORISE (A) FLEMING MEDICAL LTD. TO SEND INSTRUCTIONS TO YOUR BANK TO DEBIT YOUR ACCOUNT AND (B) YOUR BANK TO DEBIT YOUR ACCOUNT IN ACCORDANCE WITH THE INSTRUCTION FROM FLEMING MEDICAL LTD.

AS PART OF YOUR RIGHTS, YOU ARE ENTITLED TO A REFUND FROM YOUR BANK UNDER THE TERMS AND CONDITIONS OF YOUR AGREEMENT WITH YOUR BANK. A REFUND MUST BE CLAIMED WITHIN 8 WEEKS STARTING FROM THE DATE ON WHICH YOUR ACCOUNT WAS DEBITED.

YOUR RIGHTS ARE EXPLAINED IN A STATEMENT THAT YOU CAN OBTAIN FROM YOUR BANK.

YOUR NAME:

YOUR ADDRESS:

POSTCODE:

COUNTRY:

ACCOUNT NUMBER (IBAN):

SWIFT BIC:

CREDITORS NAME:

FLEMING MEDICAL LTD.
CORCANREE BUSINESS PARK,
DOCK ROAD, LIMERICK,
IRELAND

TYPE OF PAYMENT (CHOOSE ONE):

RECURRING PAYMENT

ONCE-OFF PAYMENT

SIGNATURE:

DATE OF SIGNING:

PLEASE RETURN TO:

FLEMING MEDICAL LTD.
CORCANREE BUSINESS PARK,
DOCK ROAD, LIMERICK,
IRELAND

PHONE: +353 (0)61 304600
FAX: +353 (0)61 304606
EMAIL: ACCOUNTS@FLEMINGMEDICAL.IE
WWW.FLEMINGMEDICAL.IE