



Globe Pharma Limited

Customer Application Form

GENERAL INFORMATION: This information can be used to set up an account.	
COMPANY NAME	
COMPANY REGISTERED ADDRESS	
TRADING NAME (IF DIFFERENT)	
TRADING ADDRESS <i>(if different)</i>	
INVOICING ADDRESS <i>(if different)</i>	
DELIVERY ADDRESS <i>(if different)</i>	
TELEPHONE/FAX NUMBER	
EMAIL ADDRESS	
COMPANY REGISTRATION No. <i>(If applicable)</i>	
VAT REGISTRATION No. <i>(if applicable)</i>	
NAME OF REGULATORY AUTHORITY / NATIONAL REGULATORY WEBSITE	
Registration No. <i>(if applicable)</i>	
BANK NAME	
BANK SORT CODE	

BANK ACCOUNT NUMBER	
IBAN / SWIFT	

KEY CONTACTS

MANAGING DIRECTOR'S/OWNER'S NAME	
ADDRESS	
CONTACT NAME (IF DIFFERENT)	
ADDRESS (IF DIFFERENT)	
TELEPHONE/FAX AND EMAIL (IF DIFFERENT)	TELEPHONE/FAX: EMAIL:

Trade References: ONE

COMPANY NAME	
ADDRESS	
CONTACT NAME (IF KNOWN)	
TELEPHONE/FAX AND EMAIL	TELEPHONE/FAX: EMAIL:

Trade References: TWO

COMPANY NAME	
ADDRESS	
CONTACT NAME (IF KNOWN)	
TELEPHONE/FAX AND EMAIL	TELEPHONE/FAX: EMAIL:

I hereby certify that the information included in this form is a true reflection of procedures and activities undertaken by the stated company. I agree to abide by the terms and conditions set up by Globe Pharma Limited.

Signed for and on behalf of the Company:

Print Name:

Job Title:

Date

THANK YOU FOR COMPLETING THIS APPLICATION

Please return to the completed form to

Globe Pharma Limited

Unit 4 Hockley Industrial Estate

Pitsford Street

Birmingham

B18 6PT

Email: info@globepharma.co.uk

Tel: 0121 271 0500

FOR OFFICIAL USE ONLY:

ACCOUNT ACCEPTED: YES/NO

CREDIT LIMIT AND TERMS:

Signed for and on behalf of Globe Pharma Limited

Print Name:

Job Title:

Date