



T: 01827 338115

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Amber Close

Tamworth

B77 4RP

### Customer Account

Please complete the following form and return to John Bannan Pharmacy at your earliest convenience

E: [accounts@johnbannonpharmacy.co.uk](mailto:accounts@johnbannonpharmacy.co.uk) T: 01827 338115

Customer Name:	Clinic name:
Company Registration No:	VAT No:
Professional Regulator:	Registration No:
Contact Name:	
Contact No:	
Customer Email:	
Customer Address:	
<p>I, the undersigned, am a registered Practitioner. I will personally undertake the ordering of any medicinal product using the assigned John Bannan Pharmacy form. I, the practitioner acting on behalf of the clinic or customer, am prepared to undertake the responsibility to ensure that the product is received, stored and used as stated in the legislation. I agree to the company Terms &amp; Conditions and Privacy Statement.</p>	
Signature:	Date:

If the customer is not a prescriber please provide details of the prescriber here:

Name:

Registration No:

Address:

For office use only:

Register checked: Yes/No

Approved: Yes/No

Signed:

Date: