



## OTC Direct Limited

### Customer Account Application / Amendment Form

Please fax all forms to **0800 169 6622** or email to **[sales@otc-direct-ltd.com](mailto:sales@otc-direct-ltd.com)**

Post hard copy to:

Risk Team

OTC Direct Ltd

43 Cox Lane

Chessington

KT9 1SN

For more information please visit our website:

**[www.otcdirectltd.co.uk](http://www.otcdirectltd.co.uk)** or call us at **0800 169 2305**

**Form Submitted By (Office use only):**

**Date of Application:**

### Section A: Customer Details

Registered Company Name:	Trading Name:
Company Number:	NHS Licensee Name:
Number & Street:	Contact Name:
Town:	Superintendent:
County:	Superintendent Reg #:
Postcode:	Pharmacy Reg #:
Telephone Number:	VAT # (EU Cust. only):
Fax Number:	E-mail Address:

The email address and contact details may be used for business communication purposes.

### Section B: Customer Profile (tick where applicable)

Pharmacy  
  Internet  
  Dispensing Doctor  
  Hospital  
  Wholesaler  
  Exporter  
  Other (Please specify):

Partnership  
  Sole Trader  
  Public Limited  
  Private Limited  
  Charity  
  LLP  
  Other (Please specify):

Have there been any County/High Court Judgments or insolvency proceedings against proprietors/directors/company within the last 3 years? Yes  No

Sole Trader/Director Details		Second Sole Trader/Director Details	
Full Name:		Full Name:	

### Section C: Account Profile

To set a relevant credit limit please estimate your monthly spend. **Leaving this blank may result in delay to your application** | £

Do you require Saturday delivery? Yes  No

Do you have any other OTC Direct/Cavendish accounts? (if applicable, please state account number):

Do you have an Alliance Healthcare account? (if applicable, please state account number):

### Section D: Authorisation

By signing and returning this application form, you consent to OTC Direct Limited (on behalf of itself, Cavendish Pharmaceuticals and North West Ostomy Supplies) ("OTC Direct") (as applicable) 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 OTC Direct group of companies for the purpose of account management. You agree and understand that it is your responsibility to inform OTC Direct (as soon as reasonably possible) if there are any changes in your circumstances which may have an impact on your application or the accuracy of the information that you have submitted to us.

**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 OTC Direct, your spend and products purchased from us or data collected on your EpoS and/or PMR systems (to the extent applicable) and provided to OTC Direct.

- 1. Personal Data:** OTC Direct will never sell your Personal Data to a third party.
- 2. Pharmacy Data:** Notwithstanding 1. above, in respect of BusinessData OTC Direct 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. OTC Direct** will only process your Personal Data in accordance with applicable privacy laws and only to the extent required for OTC Direct to pursue its legitimate interests where OTC Direct believe your fundamental rights or freedoms would not be overridden.
- 4. OTC Direct** may use your information to let you know about other products and services offered by OTC Direct and other companies, in the Alliance Boots Group, which OTC Direct think will be of interest to you.
- 5. Any questions** about part D or how OTC Direct will process your Personal Data please contact Privacy@alliance-healthcare.co.uk. For more information on Privacy at OTC Direct, please visit <http://www.otcdirectltd.co.uk/privacy-policy>.

**Authorisation:** I/We hereby apply for credit terms with OTC Direct Limited. I/We confirm that we have read, understood and agree to be bound by your terms and conditions of sale. I/We confirm that all of the detail provided by me/us on this form is accurate and true to the best of my/our knowledge and belief.

**Proprietor's/Director's Signature:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Section E: Buying Group Details

*Failure to provide accurate buying group information may affect your payment terms*

I/We am/are a member of, and am/are applying to benefit from the commercial terms offered by OTC Direct Limited to, the Buying Groups detailed below:

Buying Group: \_\_\_\_\_ Buying Group Membership Number (if known): \_\_\_\_\_

- I/we acknowledge that OTC Direct Limited (on behalf of itself, Cavendish Pharmaceuticals and North West Ostomy Supplies) ("OTC Direct") (as applicable) will share with the Buying Group(s) detailed above information included in this form and any data relating to my/our purchases (including rebate information) from OTC Direct (as applicable).
- I/we authorise OTC Direct to apply a marker on the above accounts stating the I/we are a member of the above stated Buying Group(s). This will override any previous marker which may have been on those accounts.
- I/we acknowledge that if my/our membership of any Buying Group ends for any reason, I/we must immediately inform you of this and will no longer be entitled to the commercial terms offered by OTC Direct to that Buying Group.
- I/we acknowledge that the commercial terms offered by OTC Direct are discretionary and are subject to change at any time.
- I/we understand that the information provided herein does not supersede or replace new account or change of terms documentation and is intended to clearly flag Buying Group association only.
- I/we understand that it is my/our responsibility to inform OTC Direct (as applicable) if I/we wish for my/our Buying Group(s) to be changed at a later date.
- For more information on Privacy at Alliance Healthcare, please visit <http://www.alliance-healthcare.co.uk/privacy-and-security>

**Proprietor's/Director's Signature:** \_\_\_\_\_ **Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_



*Your 1st choice for Generics and Pls*

43 Cox Lane, Chessington,  
 Surrey, KT9 1SN  
 Telephone 0800 169 2305  
 Fax 0800 169 6622

Please fill in the whole form using a ball point pen and send to:

Credit Control OTC Direct Ltd 43 Cox Lane Chessington Surrey KT9 1SN
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Name(s) of Account Holder(s)


Bank/Building Society account number

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Branch Sort Code

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Name and full postal address of your Bank or Building Society

To: The Manager      Bank/Building Society
Address
Postcode



**Instruction to your Bank or Building Society to pay by Direct Debit**

6	9	5	4	0	9
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**Reference**

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**Instruction to your Bank or Building Society**

Please pay OTC Direct Ltd Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with OTC Direct Ltd and, if so details will be passed electronically to my Bank/Building Society.

Signature(s)
Address
Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts

**This guarantee should be detailed and retained by the payer**



**The Direct Debit Guarantee**

- ❖ This Guarantee is offered by all Banks and Building Societies that take accept instructions to pay Direct Debits.
- ❖ If there are any changes to the amount, date or frequency of your Direct Debit OTC Direct Limited will notify you within 10 working days in advance of your account being debited or as otherwise agreed. If you request OTC Direct Limited to collect a payment, confirmation of the amount and date will be given to you at the time of request
- ❖ If an error is made in the payment of your Direct Debit, by OTC Direct Ltd or your Bank or Building Society, you are guaranteed a full and immediate refund of the amount paid from your bank or building society
- ❖ If you receive a refund you are not entitled to, you must pay it back when OTC Direct Limited asks you to