

NEW ACCOUNT APPLICATION FORM

Fax the completed form to
0800 080 3700 or Email to
orders@arcadiapharma.co.uk



ARCADIA

PHARMACEUTICALS

NAME OF ORGANISATION	
INVOICE ADDRESS	DELIVERY ADDRESS (IF DIFFERENT)
Full Postal Address & Post Code	Full Postal Address & Post Code
Telephone Number	Telephone Number
Fax Number	Fax Number
Contact Person	Contact Person
Email	Email
Opening Hours (Please include lunch time and half day closing etc.)	

PHARMACY REGISTRATION DETAILS	
Pharmacy Registration Number	
Name of Pharmacist	
Pharmacist GPhC Reg. No. / GMC No.	

PHARMACY REGISTRATION DETAILS	
WDL Licence Number	

BANK DETAILS		
Name		Address
Sort Code		
Account Number		

Note: By submitting this form to us, you hereby agree to our terms and conditions as set on our website www.arcadiapharma.co.uk

Signed _____ Name _____ Date _____

FOR ARCADIA PHARMACEUTICALS USE ONLY			
Account Number			
Authorised By		Date Approved	

Arcadia Pharma Ltd, Unit 3 Bell Court, Swansea West Business Park, Fforestfach, Swansea, SA5 4HP

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