

Account Opening Application (Vet UK)

Account Name:	
Invoice Address:	Delivery Address: (if different)
Tel. No.	Fax No.
Email:	Website:
Accounts Contact:	Buying Contact:
VAT Registration No. (if registered)	
VAT Exemption No (if applicable)	
Are you part of a corporate / buying group? Tick as appropriate: <input type="checkbox"/> No <input type="checkbox"/> Yes (please state)	
Name of qualified Veterinary Surgeon:	
RCVS No. or equivalent of named vet:	VSSCo Verification Signed: Date:
Registered Practice No.	
Signed:	
Position in Practice:	
Date:	

We operate a paperless system and invoices and statements are delivered by either email or fax. Please indicate your preference below and provide the appropriate contact information.

Email	Tick	Email address:

or

Fax	Tick	Fax Number:

** N.B. fax is not a suitable alternative for a shared fax line.

Accounts are collected by direct debit in accordance with the terms and conditions of your account. Please complete the attached mandate and return along with your completed application form.
We also require the completion and return of the attached POM, Declaration form, Part A or Part B as appropriate.



Veterinary Surgeons Supply Co. Ltd host a Pet Food and Pet Accessories website – www.vetpetni.co.uk VetPetNI can help grow your retail sales – for more information please feel free to contact us.

Would you like your Practice to be added to the list of VetPetNI Click & Collect Points:
 Yes No

Return Completed form to: **sales@vssco.co.uk**

Application Approved	<u>VSSCo Manager Signature</u>	Date:

OFFICE USE ONLY			
Account No.		Account Type	
DCode		Invoice Method	
Delivery Method		Sales GL Code	
Date		Signed	