

GP Surgery Account Opening Form



Thank you for choosing Rociale PracticeCare for your medical supplies. To open an account with credit terms, please complete and return this form, **along with a copy of your headed stationery or company stamp that shows your address.**

GP Surgery Details

Senior Partner Name:			
GMC Number:			
Full Invoicing Address:			
Postcode:		Surgery NHS Code:	
Landline Phone:		Fax Number:	
Website Address:			
Number of Patients:		Number of Partners:	
Practice Manager Name:			
Delivery Address (if different from above)			
<small>Don't worry, additions and changes can be made at any time</small>	Postcode:		

Details of Persons Authorised to Place Orders (additions and changes can be made at any time)

Name	Position	E-mail Address

Payments & Invoicing

E-mail address for invoicing and payment:	
E-mail addresses for statements:	

I accept that payment terms are 30 days from invoice and agree to the terms and conditions

Signatory Name:

Position:

Signature:

Date:

Please e-mail your completed application to: sales@rociallepracticecare.com

Or post to Rociale PracticeCare, Ty Mynydd, Cwm Cynon Business Park, Mountain Ash, CF45 4ER

Internal Use Only			
Date received:		Credit limit:	Verified by:
Ref: RPC01GP1.1			02/22

Call: 01443 471333
E-mail: sales@rociallepracticecare.com
Web: www.rociallepracticecare.com



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