|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | BP Queries  UK Customer Services  Delta Park, Concorde Way  Segensworth North  Fareham, PO15 5RL  T: 0870 9000 055 |



NEW ACCOUNT APPLICATION FORM

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Trading and contact details** | |  |  | |  |  | |
| Full trading name: | | | | |  | | |
| Trading structure (Limited, Partnership, Sole Trader): | | | | |  | | |
| Company Registration Number: | | | | |  | | |
| Type of business (Shop, Internet, Wholesale): | | | | |  | | |
| Full registered office address: | | | | |  | | |
|  | | | | | | | |
| Shipping address if different from above: | | | | |  | | |
|  | | | | | | | |
| Billing address if different from above: | | | | |  | | |
|  | | | | | | | |
| Tel No. |  | | | | Email: |  | |
| **2. If you hold any existing accounts with us or are taking over an existing account – Please state account number(s):** | | | | | | | |
|  | | | | | | | |
| **3. Please state full name(s) and date of birth of director(s):** | | | | | | | |
|  | | | | | | | |
| **4. Credit Information** | | | | | | | |
| Credit Limit Amount Requested (GBP): | | | | |  | | |
| Estimated Annual Spend (GBP): | | | | |  | | |
| **5. Accounts Payable contact** | | | | | | | |
| Name: |  | | | | Job Title: | |  |
| Tel No. |  | | | | Email: | |  |
| Email address for invoices & Statements: | | | | |  | | |
| **6. A valid GOC/GMC or Pharmacy registration number for the practicing optometrist:** | | | | | | | |
|  | | | | | | | |
| **7. Your TAX/VAT number below:TAX/VAT number below:** | | | | | | | |
|  | | | | | | | |
| **8. Please supply 2 trade references** | | | | | | | |
| Trade Reference 1 | |  |  | |  |  | |
| Name: |  | | | | | | |
| Address: |  | | | | | | |
|  | | | | | | | |
| Tel No. |  | | | | Email: |  | |
| Trade Reference 2 | |  | |  |  |  | |
| Name: |  | | | | | | |
| Address: |  | | | | | | |
| Postcode: | | | | | | | |
| Tel No. |  | | | | Email: |  | |
| **9. Bank details** | | | | | | | |
| Name: |  | | | | | | |
| Address: |  | | | | | | |
|  | | | | | Postcode: | | |
| Tel No. |  | Sort Code: | | | Account Number: | | |

Please complete this form and return the form back to [bpqueries@coopervision.co.uk](mailto:bpqueries@coopervision.co.uk)

Once your request has been received you will be contacted by us within 3-5 working days.

**Signature: Print Name: Date:**

**I confirm that I hold the relevant authority to sign this form on behalf of the trading entity.**

**Please note that by signing this form you agree to adhere to the terms and conditions as per the attached, and set out by CooperVision and for credit references to be carried out. CooperVision Limited, registered in England under number 03685161Registered Office, Delta Park, Concorde Way Segensworth North, Fareham, PO15 5RL**

**CooperVision will conduct a search with a credit reference agency, and may share the information with other businesses. CooperVision may also make enquiries about the principle directors with a credit reference agency. We will monitor and record information relating to your account and**

**such records maybe used to assess credit, or be made available to credit references agencies, who will share that information with other**

**businesses in assessing applications for credit and fraud preventions.**