|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  | BP Queries  UK Customer Services  Delta Park, Concorde Way  Segensworth North  Fareham, PO15 5RL  T: 0870 9000 055  F: 0870 9000 056 |



NEW ACCOUNT APPLICATION FORM

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Trading and contact details** | | |  |  | | | |  | |  |
| Full trading name: | | |  | | | | | | | |
| Trading structure (Limited, Partnership, Sole Trader): | | | | | | |  | | | |
| If a limited company -please supply company number: | | | | | | |  | | | |
| Full registered office address: | | |  | | | | | | | |
|  | | | | | | | | | | |
| Opticians address if different from above: | | | | | |  | | | | |
|  | | | | | | | | Postcode: | | |
| Tel No. |  | | Fax No: | |  | | | Email: | |  |
| **2. If you hold any existing accounts with us at a different location - Please provide addresses or account number(s) below:** | | | | | | | | | | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **3. Please state full name(s) and date of birth of director(s):** | | | | | | | | |  | |
|  | | | | | | | | | | |
|  | | | | | | | | | | |
| **4. Accounts contact (Name and telephone number):** | | | | | | |  | | | |
|  | | | | | | | | | | |
| **5. A valid GOC/GMC or Pharmacy registration number for the practicing optometrist:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **6. If this is a republic of Ireland based business - Please provide your TAX/VAT number below:** | | | | | | | | | | |
|  | | | | | | | | | | |
| **7. Please supply 2 trade references** | | | |  | | | |  | |  |
| Trade Reference 1 | | |  |  | | | |  | |  |
| Name: | |  | | | | | | | | |
| Address: | |  | | | | | | | | |
|  | | | | | | | | Postcode: | | |
| Tel No. | |  | Fax No: | |  | | | Email: | |  |
| Trade Reference 2 | | |  | |  | | |  | |  |
| Name: |  | | | | | | | | | |
| Address: |  | | | | | | | | | |
|  | | | | | | | | Postcode: | | |
| Tel No. |  | | Fax No: | |  | | | Email: | |  |
| **8. 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) (post/fax info at top of form)

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

**Signature: Print Name: Date:**

**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**