

**NEW ACCOUNT  
APPLICATION FORM**

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



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](http://www.arcadiapharma.co.uk)

Signed \_\_\_\_\_ Name \_\_\_\_\_ Date \_\_\_\_\_

FOR ARCADIA PHARMACEUTICALS USE ONLY			
Account Number			
Authorised By		Date Approved	

## SPECIALS ORDER FORM

Free phone: 0800 080 3600

Free fax: 0800 080 3700

Email: [orders@arcadiapharma.co.uk](mailto:orders@arcadiapharma.co.uk)

Online: [www.arcadiapharma.co.uk](http://www.arcadiapharma.co.uk)



# ARCADIA

PHARMACEUTICALS

### CUSTOMER DETAILS

Customer/Company Name	
Full Delivery Address & Post Code	
Account Number	
Date	
Tel	
Fax	
Order Ref (if required)	

### ORDER DETAILS

Product Description	Pack Size	Qty
SPECIAL INSTRUCTIONS:		

ALL ORDERS WILL BE CONFIRMED VIA EMAIL

Name	
Signature	

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

☎ 0800 080 3600 ☎ 0800 080 3700 ✉ [info@arcadiapharma.co.uk](mailto:info@arcadiapharma.co.uk) 🌐 [www.arcadiapharma.co.uk](http://www.arcadiapharma.co.uk)