



DECAHEDRON Ltd, Unit 14, The Spire Green Centre, Merring Way, Harlow, CM19 5TR, United Kingdom  
Telephone: +44 (0) 1279 435 591 [www.decahedron.com](http://www.decahedron.com)

|               |                                  |
|---------------|----------------------------------|
| <b>Title:</b> | <b>New Customer Account Form</b> |
|---------------|----------------------------------|

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|                                  |  |
|----------------------------------|--|
| <b>Company Details</b>           |  |
| Company Name                     |  |
| Company Registration Number      |  |
| Company Address                  |  |
| Main Telephone Number            |  |
| VAT Number (if applicable)       |  |
| WDA (H) No. (if applicable)      |  |
| <b>Contact Details</b>           |  |
| Contact Name                     |  |
| Telephone Number                 |  |
| Email                            |  |
| Finance / Credit Control Contact |  |
| Telephone Number                 |  |
| Email                            |  |
| <b>Delivery Address</b>          |  |
| Address:                         |  |
| Country:                         |  |
| Postcode:                        |  |
| <b>Reference 1</b>               |  |
| Company:                         |  |
| Name:                            |  |
| Address:                         |  |
| Post Code:                       |  |
| Telephone Number:                |  |
| Account Number:                  |  |



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## Reference 2

|                   |  |
|-------------------|--|
| Company:          |  |
| Name:             |  |
| Address:          |  |
| Post Code:        |  |
| Telephone Number: |  |
| Account Number:   |  |

We, Decahedron Ltd, Supply pharmaceutical products to you on the strict condition that you HOLD all licenses, permits and other authorizations as required by your country competent authority. Both customer and supplier agree to notify each other immediately if any licenses, permits or other authorizations are revoked, altered, suspended, surrendered or rendered invalid in any other way.

|            |          |
|------------|----------|
| Name:      | Position |
| Signature: | Date:    |

Please return the completed form via email (along with any relevant additional documentation) together with a signed copy of the attached Terms and Conditions.

DECAHEDRON Office Use

**Approval GRANTED / REJECTED (Delete as appropriate)**

| Decahedron Authorizing Person |  |
|-------------------------------|--|
| NAME:                         |  |
| Signature:                    |  |
| Date:                         |  |