



B&S Colorama Account Application Form

LAXMICO LTD T/A B&S COLORAMA
 COLORAMA HOUSE
 23 WADSWORTH ROAD
 GREENFORD, MIDDLESEX, UB67JD
 TEL : 0208728 7800, FAX : 02087287525

To be completed by the Regional Sales Manager

Submitted By		Linked Accounts		Web Ordering	Yes / No	<input type="checkbox"/>	<input type="checkbox"/>
Submitted Date		Date Effective		Old A/C number			

Section A

Company Details: Fields marked by * are mandatory or your application may be delayed				Pharmacy Trading Address (For additional Pharmacy/Branches , please fill in section B)			
Company Registration Number*		Trading Name*					
Company Registered name*		Address Line 1*					
VAT Number*		Address Line 2					
Pharmacist Name*		Postcode*					
Business Name on NHS license*		Telephone No.*		Fax No.*			
Buying Group*		Payment Contact No.*		Contact Name*			
Date Business Commenced		Email Address*					
GPHC Premises No*		CD License No.*		WDL No*			

Director / Sole Trader/Partner

Name		Name	
Home Address		Home Address	
Town		Town	
Post Code		Post Code	

Trade references (Please provide TWO)

Company Name		Company Name	
Telephone No.		Telephone No.	
Contact Person		Contact Person	

Pharmacy status* (Please tick as appropriate)		Pharmacy Type* (tick all that apply)		Other info.
Sole trader	<input type="checkbox"/>	Pharmacy	<input type="checkbox"/>	Direct Debit Yes / No <input type="checkbox"/>
Partnership	<input type="checkbox"/>	Dispensing Doctor	<input type="checkbox"/>	Do you factor NHS Income* Yes / No <input type="checkbox"/>
Private Limited Company	<input type="checkbox"/>	100 Hrs Pharmacy	<input type="checkbox"/>	E- Statements Yes / No <input type="checkbox"/>
Public Limited Company	<input type="checkbox"/>	Wholesaler	<input type="checkbox"/>	Estimated Monthly Purchases from B&S*
Limited Liability Partnership	<input type="checkbox"/>	Export	<input type="checkbox"/>	Credit Limit Request
Other (Please Specify)		Online Pharmacy	<input type="checkbox"/>	Payment Term



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A Company director or partner must complete the section below:

Declaration:

I am authorised to apply to open an account with Laxmico Ltd and I confirm that the information contained in this account application is accurate and correct. I confirm that I have read and accept the terms & conditions of sale. I understand that all orders will be placed on those terms (or any terms later adopted by Laxmico Ltd and notified in writing). I/we agree that all contracts made with Laxmico Ltd will be governed by your terms and conditions in force from time to time.

Proprietor's / Director's Signature*:		Name		Date:
Signed in the presence of B&S Group Representative:		Representative Name		Date:

Note: In case of additional pharmacy/branch address, please fill section B located on page 3.

For B&S Group use Only

Approved By :	
Opened By :	
Date on IFS :	
Route Number :	
Approved Credit limit :	
Credit Safe limit :	
A/C Number :	
Reason for rejection :	

Under the data protection act 1998 you have the right to request the information that we possess about you, there is a small fee payable by you to us in the sum of £10.



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Section B - Additional Pharmacy trading address

You must complete section A, adding additional pharmacy/branch addresses as required.

Additional Trading Address		Additional Trading Address	
Trading Name:		Trading Name:	
Trading Address: (Including Postcode)		Trading Address: (Including Postcode)	
Business Telephone Number: (If different to Section A)		Business Telephone Number: (If different to Section A)	
Business Email Number: (If different to Section A)		Business Email Number: (If different to Section A)	
Pharmacy premises registration number:		Pharmacy premises registration number:	
Wholesale Dealers Authority Number: (if applicable)		Wholesale Dealers Authority Number: (if applicable)	
Copy of WDA supplied (if applicable)	<input type="checkbox"/>	Copy of WDA supplied (if applicable)	<input type="checkbox"/>
Additional Trading Address		Additional Trading Address	
Trading Name:		Trading Name:	
Trading Address: (Including Postcode)		Trading Address: (Including Postcode)	
Business Telephone Number: (If different to Section A)		Business Telephone Number: (If different to Section A)	
Business Email Number: (If different to Section A)		Business Email Number: (If different to Section A)	
Pharmacy premises registration number:		Pharmacy premises registration number:	
Wholesale Dealers Authority Number: (if applicable)		Wholesale Dealers Authority Number: (if applicable)	
Copy of WDA supplied (if applicable)	<input type="checkbox"/>	Copy of WDA supplied (if applicable)	<input type="checkbox"/>



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This page has been left blank intentionally should you need to list additional trading addresses or any other relevant information.

B&S Group
Director's Guarantee Form

STANDARD DIRECTOR'S GUARANTEE

TO: LAXMICO LIMITED

DATE:

Dear Sirs,

In consideration of you agreeing to supply goods to or continuing to supply goods to and/or provide credit terms to

Company Name :

with Company Registration Number :

("the Company") I as a director of the Company guarantee to you all of the monies due to you presently and in the future from the Company ("the Liabilities").

If the Liabilities are not recoverable from the Company by reason of illegality, incapacity, lack or exceeding of powers, ineffectiveness of execution or any other reason, I shall remain liable under this guarantee for the Liabilities as if I was the principal debtor.

I, as principal obligator, and as a separate and independent obligation and liability from my obligations and liabilities under this guarantee, undertake to indemnify and keep you indemnified in full and on demand from and against all and any losses, costs, claims, liabilities, damages, demands and expenses suffered or incurred by you arising out of, or in connection with, any failure of the Company to perform or discharge any of its obligations or liabilities in respect of the Liabilities.

If the Company defaults in payment of any of the Liabilities when due, I agree that I shall pay to you on demand, without set off or other deduction, an amount equal to the amount so unpaid. I agree that you may make demand on me without prior demand on the Company.

I shall not be discharged by time or any other concessions given to the Company or any third party by you or by anything that may do or omit to do or by any other dealing or thing which, but for this provision, would or might discharge us.

This guarantee is in addition to any other guarantee or security held by you at any time for the Liabilities.

This guarantee shall be a continuing guarantee, and shall not be discharged by any intermediate settlement of the Liabilities and shall remain in effect until the Liabilities are discharged in full.

I agree that you shall not be obliged before taking steps to enforce any of its rights and remedies under this guarantee: to make demand, enforce or seek to enforce any claim, right or remedy against the Company or any other person.

B&S Group
Director's Guarantee Form

I may terminate this guarantee at any time by notice to you in writing (which must be sent by recorded delivery to your address stated at the beginning of this guarantee) with effect from the date ("the Termination Date") specified in that notice to be not less than 28 days after the notice is actually received by you.

Notwithstanding any notice of termination given above my liability under this guarantee shall continue in full force and effect in relation to all the Liabilities which:

- (i) have become due on or before the Termination Date; and
- (ii) may become due, owing or incurred by Company to you pursuant to any transaction, dealing commitment or other engagement entered into or effected either:
 - (i) Prior to the Termination Date; or
 - (ii) On or after the Termination Date pursuant to any commitment, expressed or implied, assumed or undertaken between us prior to the Termination Date.

This guarantee and any dispute or claim arising out of or in connection with it or its subject matter or formation (including non-contractual disputes or claims) shall be governed by, and construed in accordance with, the law of England and Wales.

I irrevocably agree that, subject as provided below, the courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim that arises out of or in connection with this guarantee or its subject matter or formation (including non-contractual disputes or claims).

This guarantee is executed and delivered as a deed on the date stated at the beginning of it by:

NAME OF GUARANTOR:

Signature: _____

In the presence of:

NAME OF WITNESS:

Signature: _____

ADDRESS: