



Johnson & Johnson Vision Care  
Hanworth Road Sunbury on Thames  
Middlesex TW16 5LN  
Tel: 0800 022 4222 (ROI) 1800 812 100  
Fax: 01932 733544  
[UKCS@visgb.jnj.com](mailto:UKCS@visgb.jnj.com)

## New Account Application

Sales Organisation:	2246 UK
Registered company name:	
Full trading name (if different):	
Legal Entity Type	<input type="radio"/> Registered Company, No <input type="text"/> <input type="radio"/> Sole Trader/Partnership
VAT Reg. No.:	
Business Type	<input type="radio"/> Optical Retail Outlet <input type="radio"/> Online Retailer <input type="radio"/> Distributor / Wholesaler <input type="radio"/> Other, please specify below: <input type="text"/>

### Sole Trader / Partnership

If non limited company please provide details of the sole trader or of each partner (name, home address, phone number and date of birth). If more than 2 partners, please list on a separate sheet:

Name (Sole Trader / Partner 1):	
Home Address:	
Telephone Number:	
Date of Birth:	
Name (Partner 2):	
Home Address:	
Telephone Number:	
Date of Birth:	

## Practice Details

GOC Registration Nr.

GMC Registration Nr.

CORU Registration Nr in R.O.I

Part of a chain or buying group?

If yes, please tick and fill in the chain or buying group name

If this application is the result of a purchase of another practice, please indicate the practice name and account number (if known).

Account Name:

Effective Date of Purchase:

Estimated Monthly Spend (if known)

## Billing Details

Address of the legal entity to be invoiced. This will also be the address where the products will be delivered. If you wish products to be delivered to a different address, please complete shipping details below.

Street:

Post Code:

City:

County:

Tel:

Fax:

Email:

Website:

Accounts payable contact details

Name:

Tel:

Email:

## Shipping Name and Address

To be completed only if the products must be delivered to another address

**different from the billing details.**

Name:	<input type="text"/>
Street:	<input type="text"/>
Post Code:	<input type="text"/>
City:	<input type="text"/>
County:	<input type="text"/>
Tel:	<input type="text"/>
Fax:	<input type="text"/>
Email:	<input type="text"/>
Website:	<input type="text"/>

### Payment Method

Payment by direct debit is the preferred method of payment. Please tick the box below and complete the attached mandate following the instructions on the form.

**Note: cheques are not accepted by Johnson & Johnson Vision Care**

Direct Debit:

The information that you provide on this form will be used to set up and administer your account and for financial transactions involved in the purchasing, invoicing and delivery of products from Johnson & Johnson Vision Care. Johnson & Johnson Vision Care is a global company and your information may be shared with our global organisation via our secure global systems. It will only be used in accordance with local law and our Data Privacy Policy, and will be held securely. We will not share your personal information with any third party, except for the purposes outlined in this statement.

We will make a search with a credit reference agency and keep a record of that search. We may use the information within the Johnson and Johnson group of companies. We may also make enquiries about the principal directors / partners with credit reference agencies.

I confirm that the above particulars are true to the best of my knowledge and also acknowledge and accept the terms of conditions of trading. Your account will be closed if inactive for more than 12 months.

Signature:

Date: