



VISION CARE COMPANIES

Johnson & Johnson Vision Care Companies
Hanworth Road Sunbury on Thames
Middlesex TW16 5LN
Tel: 0870 6088990 Fax: 01932 733544
UKCS@visgb.jnj.com

New Account Application

All fields are mandatory - please ensure all fields are completed. If a field does not apply, please state N/A. Your application will be rejected if any field is incomplete.

Authorised Requester Name:	<input type="text"/>
Request Date:	<input type="text"/>
Sales Organisation:	2246 UK
Effective Date:	<input type="text"/>
Full legally registered name (Your LTD company name)	<input type="text"/>
Full trading name (if different).	<input type="text"/>
Owner / Director of the company:	<input type="text"/>
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"/>
Legal Entity Type	<input type="radio"/> Registered Company, No. <input type="text"/> <input type="radio"/> Partnership / Sole Trader

Sole Trader / Partnership

If non limited company please provide personal 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 separate paper:

Name (Sole Trader / Partner 1):	<input type="text"/>
Home Address:	<input type="text"/>
Telephone Number:	<input type="text"/>
Date of Birth:	<input type="text"/>
Name (Partner 2):	<input type="text"/>
Home Address:	<input type="text"/>

Telephone Number:

Date of Birth:

Practice Details

GOC Registration Nr. if applicable

GMC Registration Nr.

Opticians Board Nr. for ROI

Part of a chain or buying group? If yes, please tick and fill in the chain or buying group name

If this practice was a purchase of another practice, please indicate the selling practitioner's name and account number (if known).

Account Name:

Effective Date of Purchase:

Estimated Monthly Spend (if known)

Do you own, partly /wholly, any other optical business currently trading with Johnson & Johnson Vision Care Companies? If yes, please enter the details.

Billing Details

Address of the legal entity we will invoice. 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:

Shipping Name and Address

To be filled in only if the products must be delivered to another address different from the billing details.

Name:

Street:

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"/>

VAT Nr.

VAT Reg. No.:	<input type="text"/>
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Bank Details
If you wish to pay by direct debit please tick the box and complete the attached mandate form following the instructions on the form. Please, use CAPITAL LETTERS when filling in the form.

Direct Debit:	<input type="checkbox"/>
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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 Companies. Johnson & Johnson Vision Care Companies 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.	<input type="checkbox"/>
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Signature:	<input type="text"/>
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For our records it would be useful if you would provide us with the following information:

Likely size of account within 1 year, number of patients:	<input type="text"/>
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History of opticians:	<input type="text"/>
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