PBBUK Customer Account Application Form

pet blood bank uk
A charity supported by Vets Now

Practice Name:	
Address: Town: County: Postcode:	Name of Corporate Group (if applicable)
Tel:	Fax:
Email:	
Website:	
Main Contact for Orders: Please provide the name of the Principal Veterinary Surgeon:	
VAT Number: If you are VAT exempt please provide a copy of your certificate.	
Type of Practice: General Practice Veterinary Hospital Veterinary Referral Hospital (please circle) Emergency Clinic University Other _____	
Pet Blood Bank will send invoices and statements to the above address unless otherwise requested. **If you would like the invoice / statement to be sent to an alternative address please complete the section below**	
Please send (Please circle) **INVOICES** **STATEMENTS** to Contact Name: Company Name:	
Address: Town: County: Postcode:	
Tel: Fax:	
Email to send invoices and statements to:	
I hereby confirm I have read and agree to Terms and Conditions of Pet Blood Bank UK Terms and Conditions Signed and returned to PBBUK Yes/No Date sent _____ The above named orgnaisation agrees to the payment terms of 30 days from invoice. Signed: Date: _____ Print Name: Position:	

To be Completed by PBB Staff

Account Number:_____ PBB staff: _____ Date Orderwise updated: _____