

NEW CUSTOMER ACCOUNT FORM

Please complete the form below to request a new account with Clinigen.

Fields marked * are mandatory. If you require support completing this form, please [get in touch](#).

YOUR INSTITUTE'S DETAILS

Institute type
Institute name*
Address line 1*
Address line 2*
Address line 3

City/Town*
County/State/Province*
Country/Region*
ZIP/Postal Code*
VAT number* Applies to UK & EU countries only

Invoice details

First name*
Surname*
Email address*
Telephone number*
Fax number*
Address line 1*
Address line 2*
Address line 3
City/Town*
Postal Code/ZIP*

Delivery details

Address is the same as invoice address

First name*
Surname*
Email address*
Telephone number*
Fax number*
Address line 1*
Address line 2*
Address line 3
City/Town*
Postal Code/ZIP*

YOUR PERSONAL DETAILS

I am the lead contact for the above institute and have its permission to trade with Clinigen* Yes

Title*
First name*
Surname*
Email address* Please do not use a generic email
Phone number*
Job type*
Licence number
Specialism*

Please invite my colleagues to create an account on Clinigen Direct. I have permission from the individuals named below to share their personal information. Yes

First name
Surname
Email address
Telephone number*
First name
Surname
Email address
Telephone number*
First name
Surname
Email address
Telephone number*

I would like access to Clinigen Direct to place/manage my orders online Yes

(available to Healthcare Professionals only, e.g. physicians, pharmacists, pharmacy technicians and pharmacy procurement managers)

ELECTRONIC ORDERS

Please provide an EDI ANA Location number if available UK only
Please provide an XML reference if available

DECLARATION AND SUPPORTING DOCUMENTS

You accept our Terms of Sale and our Privacy Policy

I have read and accept the Privacy Policy

I have read and accept the Terms of Sale

Clinigen will require a copy of your wholesale distribution authorisation, or evidence that you are authorised or entitled to supply medicinal products to the public (entitlement according to national legislation), to progress account set up. Failure to supply appropriate evidence will require Clinigen to undertake additional verification steps to confirm the customer bona fides.

I have attached a copy of my wholesale distribution authorisation or equivalent evidence

Authorisation

I am authorised to place orders on behalf of the above institute, and confirm that the above information is correct.

Signature

Date

Name

Job title