

National Institute for Biological Standards and Control.

FORM AR2 (04/13)

NEW ACCOUNT APPLICATION FORM / CUSTOMER APPLICATION FOR CREDIT

Please send the completed and correctly authorised application form and a blank copy of your official company letterhead to standards@nibsc.org

a. Full company name				
b. Companies House registration number (if applicable)				
c. Company registered address				
d. Trading address including postcode				
e. Business sector - please tick one				
☐ NHS body ☐ Government body ☐ Local	Authority Commercial organisation Other			
f. VAT / IRS registration number (Mandatory)				
g. Invoice address	Delivery address			
h. Credit limit £5000.00 Expected annual spend with the NIBSC £				



Contact details for invoice & payment processing department: Dept						
i. Name						
Address						
Telephone number		Email				
NIBSC useful information Orders standards@nibsc.org. Website and web orders www.nibsc.org http://www.nibsc.org/login						
Conditions of granting credit accepted by the applicant: The application must be signed by a Director or Finance Manager of the organisation who has the authority to agree to the NIBSC terms and conditions, which are applicable at the time of supply. NIBSC reserves the right to change its terms and conditions throughout the lifetime of this credit agreement, which can be found on its website at www.nibsc.org . Note that the credit facility may be stopped if the account exceeds the agreed credit limit or falls into arrears, and legal action may be taken to recover monies due. Title of goods will pass only upon full payment.						
Signature Position						
Print name						
Date						
NEW ACCOUNT APPLICATION FORM / CUSTOMER APPLICATION FOR CREDIT						
Type of Organisation It is NIBSC policy to supply only to the end-user. Accounts may still be approved for distributors or exporters, but we will require additional information (please see below)						
☐ End-User (selec	et from below list)	☐ Distribute	or/Exporter			
☐ Commercial ☐ UK Government ☐ NHS Hospital ☐ National Control L ☐ University ☐ Hospital ☐ National Blood Se ☐ Other (please spe	ervice					







Customer Contact Information including the actual end user							
Contact Name	Job Title & Dept.	Telephone No	Fax No	E-mail address			
THIS SECTION IS FOR DISTRIBUTORS AND EXPORTERS ONLY							
Please provide details of the end-user being supplied by your organisation. Organisation Name							
Organisation Name							
Contact Person (Principle End	-User)						
Department							
Street Address							
T (0)							
Town/City		County/Province					
Post/Zip Code		Country					
Telephone (including country of	code) Fax (including	, , , , , , , , , , , , , , , , , , ,	E-mail				
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Type of Organisation (please see above list)							
We also require a traceable signed statement from the end-user on company letterhead, as follows: "We (enter organisation name here), understand we may obtain the following biological reference materials directly from NIBSC, (Please							
include product code and description here) at the charges advertised online at www.nibsc.org however we prefer to order through: (enter							
distributor name here) due to (enter reason here)".							
PLEASE RETURN THE COMPLETED FORM AND A BLANK SHEET OF YOUR OFFICIAL COMPANY LETTERHEAD TO							
standards@nibsc.org. ONCE COMPLETE, YOU WILL RECEIVE YOUR CUSTOMER NUMBER AND PASSWORD FOR ONLINE ORDERING – PLEASE ALLOW 2-3 DAYS FOR ACCOUNT SET UP. ALL ORDERS ARE SUBJECT TO NIBSC							
TERMS AND CONDITIONS.							



