

Account Application Form

Client Details

Full legal business name: _____

Please tick one option: Sole Trader Partnership LTD Company

Physical address: _____

Post code: _____ Email address: _____

Phone numbers: T: _____ M: _____

Contact name and position: _____

Local or national presence: _____ Sector of work: _____

Ownership Details

Please provide the full name and contact details of Owners/Directors of the business.

1. Name: _____ Phone/address: _____

2. Name: _____ Phone/address: _____

3. Name: _____ Phone/address: _____

Trade References

Trade reference cannot be a utility provider

Company name	Contact name	Phone no.	Account no.
1.			
2.			
3.			

Accounts Payable Details

AP contact name: _____ Phone number: _____

Email address for invoices: _____

Single or combined invoices: Single Combined

Address if different from above: _____

Testing Requirements

Type of testing required: _____

Samples to be collected from: Collection Centre Medical Practice Other (e.g. workplace)

Expected volume of testing (if known) _____

Are you interested in: Staff drug testing _____ Other wellness testing _____

Contact person/s for test results: _____

Email address for test results (can be a generic email): _____

Phone number (for critical test result purposes): _____

Office Use Account approved by: _____ Date approved: _____

I / We confirm the following:

- The above information is true and correct
- That the person signing this form has authority to enter into this application and future contracts on behalf of this business. I/we understand that APHG may conduct credit checks as part of this application.

Date:

Full name and signature:

Full name and signature:

Office Use Account approved by: _____ Date approved: _____