# New Customer Application Form for Preston Pharmaceuticals

**Our contact details**

|  |
| --- |
| Preston Pharmaceuticals |
| Lancashire Teaching Hospital NHS Trust |
| Sharoe Green Lane |
| Preston |
| PR2 9HT |
| [prestonpharmaceuticals@lthtr.nhs.uk](mailto:prestonpharmaceuticals@lthtr.nhs.uk) |
| 01772 523617 |
| MHRA Specials licence: MS21327 |
| Terms and conditions (service level statement) attached |

**New Customer Information**

|  |  |
| --- | --- |
| Account Name |  |
| Delivery/Shipping Address |  |
| Invoice Address |  |
| Contact Details:  Name, telephone number & email address |  |
| Responsible Person  Name  Job Title  GPhC /GMC/GDC registration number  Signature |  |
|  |
|  |
|  |

Complete the form and return to the above email address.