UK Health Security Agency

UK HEALTH SECURITY AGENCY
CUSTOMER APPLICATION FOR AUTHORISED USER ON EXISTING UKHSA CREDIT ACCOUNT

Please send the completed and correctly authorised application form and a blank copy of your official company letterhead to: culturecollections@ukhsa.gov.uk

a. Full company name .....

b. Existing UKHSA credit account number …….....

c. Name of new user(s) to be linked to the above account ……

……..

d. Invoice and delivery addresses:

Address

Delivery Address

e. Contact details for invoices & payments:

Email ……..

Dept/ Name …….

Telephone number ……

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 UKHSA terms and conditions, which are applicable at the time of supply. UKHSA reserves the right to change its terms and conditions throughout the lifetime of this credit agreement and which can be found on its website at www.culturecollections.org.uk/termsandconditions. 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……**