

Boots Corporate Travel Health Service

Vaccinations, Antimalarials and Advice Service

D90E F08, Thane Road,
Nottingham NG90 1BS
CorporateTravel@boots.co.uk



Business Credit Application

(Please complete this form and return via email or to the address printed above)

Company Details

Company name:

No. of employees:

Co. reg no:

VAT. reg no:

Please tick the
scheme(s) you would
like to join

Corporate Travel

Travel Health Service

Please specify your preferred payment method:

Invoicing

Pay In Store

Do you currently trade with any other Walgreens Boots Alliance Group Companies? (Please tick where applicable)

Boots UK or Republic of Ireland

Boots Contract Manufacturing

Alliance Healthcare Distribution Ltd

Boots Opticians

Other - Please Specify

Contact Details

Business Address

Accounts Address

Postal Code:

Contact name:

Position in co:

Email Address:

Tel No:

Fax No:

Invoice & Statements

As part of our terms & conditions all invoices and statements are sent electronically. Please provide a valid email address.

Email Address:

Declaration

I confirm that I am an authorised signatory, that I have read and understood the payments terms and conditions, and in consideration of me being granted credit facilities, I agree to be bound by the said terms.

Signed:

Date:

Print name:

Position:

email us at CorporateTravel@boots.co.uk