

**MSD ANIMAL HEALTH**  
**Direct by MSD Animal Health Account Set Up Form**

Please complete the following and return to:

[srvmaxx@msd.com](mailto:srvmaxx@msd.com)

or

Commercial Systems  
MSD Animal Health  
Building 20, Walton Manor, Walton  
Milton Keynes MK7 7AJ

Customer Number (to be completed by MSD Animal Health): \_\_\_\_\_  
Business trading name (Head Office): \_\_\_\_\_  
Trading address: \_\_\_\_\_  
City: \_\_\_\_\_  
Postcode: \_\_\_\_\_  
Telephone: \_\_\_\_\_  
Name(s) of business \_\_\_\_\_  
directors/ partners/ owners: \_\_\_\_\_

**INVOICING**

**Invoices to be sent to:**

(please select one of the options below, ALL invoices HAVE to be sent to the Head Office, or ALL invoices have to be sent to the branches)

- Head Office
- Individual branches
- Buying Group

Please provide the email address to be used for MSD Animal Health to send your Head Office's invoices (please note that invoices will include all discounts and show net net prices):

Email: \_\_\_\_\_

If you wish the branches to pay their own invoices, please provide the email addresses below for each branch.

Please note that, effective 1st January 2021, MSD Animal Health will be supplying companion animal and ruminant products directly to retail customers only.

## BRANCH ADDRESSES

Please list all the branches which are linked to this business.

For each address, please confirm eligibility to purchase Veterinary medicines, i.e.:

- Registered Veterinary Practice Premises
- Registered Pharmacy
- Approved SQP premises

You will need to confirm the registration details of each premises (including registered address and registration number).

(Please state relevant license including the licence number)

### (Branch 1)

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Email: \_\_\_\_\_

Current wholesaler(s): \_\_\_\_\_

Wholesaler account number: \_\_\_\_\_

Eligibility to purchase Veterinary

Medicines: \_\_\_\_\_

(e.g., Veterinary Practice/ Registered Pharmacy/ Approved SQP Premises)

Registered address and VMD/ RCVS/  
Approved SQP Premises regist. number: \_\_\_\_\_

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### (Branch 2)

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Email: \_\_\_\_\_

Current wholesaler(s): \_\_\_\_\_

Wholesaler account number: \_\_\_\_\_

Eligibility to purchase Veterinary

Medicines: \_\_\_\_\_

(e.g., Veterinary Practice/ Registered Pharmacy/ Approved SQP Premises)

Registered address and VMD/ RCVS/  
Approved SQP Premises regist. number: \_\_\_\_\_

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**(Branch 3)**

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Email: \_\_\_\_\_

Current wholesaler(s): \_\_\_\_\_

Wholesaler account number: \_\_\_\_\_

Eligibility to purchase Veterinary \_\_\_\_\_

Medicines: \_\_\_\_\_

(e.g., Veterinary Practice/ Registered Pharmacy/ Approved SQP Premises)

Registered address and VMD/ RCVS/  
Approved SQP Premises regist. number: \_\_\_\_\_

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**(Branch 4)**

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Email: \_\_\_\_\_

Current wholesaler(s): \_\_\_\_\_

Wholesaler account number: \_\_\_\_\_

Eligibility to purchase Veterinary \_\_\_\_\_

Medicines: \_\_\_\_\_

(e.g., Veterinary Practice/ Registered Pharmacy/ Approved SQP Premises)

Registered address and VMD/ RCVS/  
Approved SQP Premises regist. number: \_\_\_\_\_

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**PAYMENT**

Please indicate your payment method

Direct Debit / BACS

If you wish to pay by Direct Debit, please complete the attached Direct Debit Mandate form.

If you wish to pay by BACS, please provide your bank account details below:

Bank: \_\_\_\_\_  
Sort code: \_\_\_\_\_  
Account number: \_\_\_\_\_  
Payee name: \_\_\_\_\_



## Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form and send to us at the address below or email it to [srvmaxx@msd.com](mailto:srvmaxx@msd.com)

**MSD Animal Health  
Commercial Systems  
Building 20  
Walton Manor  
Walton  
Milton Keynes  
Bucks MK7 7AJ**

Originators Identification Number

7	2	6	5	1	4
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Reference Number

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Name(s) of Account Holder(s)


Bank/Building Society account number

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Branch Sort Code

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Name and full postal address of your Bank or Building Society  
To the Manager/Bank/Building Society

Address
Postcode

Instruction to your Bank or Building Society

Please pay MSD Animal Health UK Ltd Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with MSD Animal Health UK Ltd and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account



This guarantee should be detached and retained by the Payer.



## The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay by Direct Debits.
  
- If there are any changes to the amount, date or frequency of your Direct Debit **MSD Animal Health UK Ltd** will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request **MSD Animal Health UK Ltd** to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
  
- If an error is made in the payment of your Direct Debit by **MSD Animal Health UK Ltd** or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when **MSD Animal Health UK Ltd** asks you to
  
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

A4 Instruction Version 2