

MSD Animal Health

Direct by MSD and E2E Set Up Form

To learn more about **Direct by MSD** and the **end-to-end (e2e)** MSD product ordering process, please visit: msd-animal-health.co.uk/animal-health-professionals/tools-and-resources/direct-e2e/

Through **Direct**, you can order products for **Ruminant (excluding Toxovax), Companion Animal, Equine, and Trout** species via our Distribution Partners - MWI Animal Health (MWI) and National Veterinary Services (NVS). The e2e E-Shop service supports ordering for **Poultry, Pig, and Aqua species (excluding trout) and additionally Toxovax products.**

Please complete the following and return to:

svrmaxx@msd.com

SECTION 1 - BUSINESS TRADING DETAILS

Business trading name (Head Office/Billing Address):

Trading Address:

City:

Postcode:

Telephone Number:

Name(s) of business directors/partners/owners:

Type of Business:

If other, please specify:

SECTION 2 - VAT REGISTRATION DETAILS

VAT Registration Number:

VAT Zero-Rated Supplies

If your business is eligible to receive VAT zero-rated supplies, please indicate this below and provide a valid VAT zero-rating / relief certificate with this form. Without a valid certificate, we will be unable to issue invoices exclusive of VAT.

Eligible for VAT zero-rated supplies

SECTION 3 - INVOICING

Invoices to be sent to:

Head Office

Individual branches

Buying Group

Buying Group Name:

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

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

SECTION 4 - BRANCH/DELIVERY 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
- WDA Holder

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

Please state relevant license including license number.

BRANCH/DELIVERY ADDRESS No.

Registered Premises Number:

Eligibility to purchase Veterinary Medicines:

If other, please specify:

Branch Telephone number:

Registered Address:

City:

Postcode:

Email Address:

Communications:

Invoicing: *(if branch payer)*

Distribution Partner (DP):

DP Account Number :

BRANCH/DELIVERY ADDRESS No.

Registered Premises Number:

Eligibility to purchase Veterinary Medicines:

If other, please specify:

Branch Telephone number:

Registered Address:

City:

Postcode:

Email Address:

Communications:

Invoicing: *(if branch payer)*

Distribution Partner (DP):

DP Account Number:

BRANCH/DELIVERY ADDRESS No.

Registered Premises number:

Eligibility to purchase Veterinary Medicines:

If other, please specify:

Branch Telephone number:

Registered Address:

City:

Postcode:

Email Address:

Communications:

Invoicing: *(if branch payer)*

Distribution Partner (DP):

DP Account Number:

To add more delivery or branch addresses, please print and complete an additional copy of this page.

SECTION 6 - PAYMENT

Please indicate your chosen payment method:

Direct Debit:

If you would like to pay by Direct Debit, please complete the attached Direct Debit Mandate form on page 8. *Important:* The mandate must include a physical signature and be dated.

We recommend emailing a scanned copy to svmaxx@msd.com and posting the original to the address listed on the Direct Debit mandate

BACS Transfer:

If you prefer to pay by BACS, please provide your bank account details in the section below.

Account number:

Sort code:

Bank:

Payee name:

Designated Financial Contact

Full name/s of responsible person/s:

Address if different to the Business Trading:

Address: Direct contact telephone number:

Direct email address:

SECTION 7 - CHECKLIST

Please make sure you have completed all relevant fields on this form and have included the following information:

Your business letterhead

Details of all registered premises for each delivery address listed

Your completed Direct Debit mandate form (*if relevant*)

Valid VAT zero-rating / relief certificate (*if relevant*)

Any purchases will be subject to MSD Purchase of Sale.

Available here - <http://www.msd-animal-health.co.uk/terms-and-conditions>

Data will be processed in line with privacy policy.

Available here - <https://www.msd-animal-health-hub.co.uk/ahp/privacy-notice-animal-health-professionals>



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.