AMBE HOUSE
Commerce Way
Edenbridge Kent
TN8 6ED
T: 020 8391 8891
E: cservices@dhb.co.uk
www.dhb.co.uk

GENERAL TRADE ACCOUNT FORM

Customer Account: (GSL retail only) ☐

Supplier Account: (Non medicinal product only) ☐

Customer Account no: ***(Internal use only)***		**Supplier Account no:** ***(Internal use only)***	
Company Name:			
Trading Name: **(If applicable)**			

Invoice Address	**Delivery Address** *(if different to invoice address)*

Company Registration No:	
VAT Registration No:	
Web Address:	

Contact Details				
Position	**Name**	**Email address**	**Contact number**	
Sales Contact			Landline:	
			Mobile:	
Product Recall Contact (available out of hours)			Landline:	
			Mobile:	
Finance Contact			Landline:	
			Mobile:	

Customer GSL Supply Statement

Supply of GSL product can only be authorised for the purpose of retail.

Do you intend to purchase GSL Products: **Yes*** ☐ **No** ☐

***If yes, describe the measures you have in place to control sales of GSL products intended for retail:**

General Data Protection Regulation (GDPR)

DHB Oral Healthcare Limited processes your personal data in accordance with the Data Protection Act 2018 and UK GDPR. For full details of how we use, store and protect your information, including your rights, please see our Privacy Policy at www.dhb.co.uk.

We will send statements/invoices electronically and contact you regarding relevant products, services and business updates. You may opt out of marketing communications at any time. Please send your request to cservices@dhb.co.uk

Please tick here if you do NOT wish to receive marketing communications from us. ☐

AMBE HOUSE
Commerce Way
Edenbridge Kent
TN8 6ED
T: 020 8391 8891
E: cservices@dhb.co.uk
www.dhb.co.uk

GENERAL TRADE ACCOUNT FORM

Deliveries
Please note, normally delivery times are Monday - Friday, between the hours of 08:00 and 18:00. Please state if your opening times differ to this:

Customer Declaration	
By signing this document, you verify that the information supplied is correct to the best of your knowledge and declare that you will immediately inform DHB Oral Healthcare Limited in the event of any changes. By signing this declaration you confirm that you agree to our terms and conditions of sale which can be found on our website at www.dhb.co.uk:	
Signature:	
Print Name:	
Position Held:	
Date:	
Contact Number:	
E mail address:	

INTERNAL USE ONLY			
Document checklist			
Company Checks:	☐	**Customer Retail Checks:**	☐
Signed by the authorised person on behalf of DHB Oral Healthcare Limited			
Assigned Trader name:			
Account Authorised by:			
Position Held:			
Signature			
Date:			

Related SOP	**SOP 5.2ii Operations - Customer Qualification & 5.2iii Operations - Supplier Qualification**				
Document Title	**General Trade Account Form**				
Version	**6**	**Effective date**	09/12/2025	**Author**	**RP/A.A**