

Pre-Installation Questionnaire



Section A: Contact Details *(Please complete in block capitals)*

Pharmacy Name:	<input type="text"/>
Address 2:	<input type="text"/>
Address 3:	<input type="text"/>
Town:	<input type="text"/>
County:	<input type="text"/>
Postcode:	<input type="text"/>
Telephone Number:	<input type="text"/>
Fax Number:	<input type="text"/>
Email Address:	<input type="text"/>
Contact Forename:	<input type="text"/>
Contact Surname:	<input type="text"/>
Position:	<input type="text"/>

Section B: Invoicing Details

Please provide any specific invoicing instructions that you may have.

Section C: Pharmacy Opening Times

What are your pharmacy opening hours? *(Please enter your opening and closing times including lunchtime closures, and any half days/regular closures)*

Open AM:	<input type="text"/>	Close AM:	<input type="text"/>
Open PM:	<input type="text"/>	Close PM:	<input type="text"/>
Exceptions:	<input type="text"/>		

Section D: Pharmacy Parking

What parking facilities would be available for our delivery team and merchandisers?
(Please tick as appropriate)

Pharmacy Car Park:	Off Road Parking:	Metered Parking:
Roadside Spaces:	No Parking:	

Please indicate if there are any parking restrictions that will affect the delivery of your stand and leaflets:

Any information you can provide relating to parking in your area will be particularly helpful. Please note the initial delivery of your stand will require a large lorry to visit your premises and further visits will require the merchandising team to park in close proximity for a duration of approximately 15 minutes.

Section E: Rack Location

Please confirm that you are able to accommodate the 55cm diameter based stand within your shop floor? *(Please tick as appropriate)*

Yes:

No:

Section F: Disposal of Old Material

Are our merchandisers able to leave old material with you for disposal
(Please tick as appropriate)

Yes

No

Section G: Other

Please provide further information that may be relevant in the space provided, if necessary attach information using a separate sheet. (If you are a Numark Pharmacy please indicate this here)

Section H: Terms and Conditions

As part of the service, IDS will visit your pharmacy each quarter with new leaflets and restock your stand, **all free of charge.**

Refundable deposit *

The pharmacy will pay a one off fee of £99 for this service. Should you no longer wish to receive *Help2Health* this £99 will be reimbursed.

Method of payment of deposit:

An invoice for £99 will be issued upon confirmation of the installation date. **This invoice must be paid within 30 days of the arrival of your H2H stand [Please note: All cheques must be payable to IDS UK LIMITED.** Could you please ensure Section B [Page 1] is completed.

If you wish to pay by credit card please contact Audrey Boyes on 01489 860002.

Termination of the Help2Health service:

Termination in writing will be required, addressed to:
Operations Department
IDS UK
3 Mill Court, The Sawmills,
Durley,
Southampton,
Hampshire, SO32 2EJ

Please allow 28 days for collection of the stand.

***Refund of initial deposit:**

- [1] A full refund of £99 will be refunded once the rack has been inspected and found satisfactory for re-use.
- [2] A refund will be given no later than 30 days after return of the rack. This will be completed using the same method of payment in which the initial deposit was made.

I accept the terms and conditions as stated above.

Signature: _____

Name: _____

Date: _____