Product Stock Order Member Employee Options

Beacon Vets Stock Control

ee Options

## Add Member

Enter Member Information		
Mr. <u>▼</u>	First Name:	Last Name:
☑ Do You	Beacon Vets Stock Control	_ ×
Postcode	Are You Sure You Want To Add Th	ne Member?
County:	8 Yes	No
City: City:		
Town: Town:		
Street: Street:		
House No	D:	1 🛨
Telephone Number: Telephone Number:		
Email: E	mail:	

**Add Member**