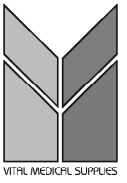


Account Application Form – Vital Medical Supplies

ABN 38 125 401 247 | PO Box 100, Kingsgrove, NSW 1480, Australia | Phone 1300 557 651 | Fax 1300 557 631 | www.vitalmed.com.au



Company Name or Principal Doctor's Name

Please tick	<input type="checkbox"/> Pty Ltd	<input type="checkbox"/> Ltd	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership
Title	Doctor's First Name		Surname	
Business Name Medical Centre				
Company Name				
Type of Business (e.g. Specialist, Dentist, Supplier, Government, Hospital)			ABN	
Postal Address	Street			
	Suburb	State	Postcode	
Business Delivery Address	Street			
	Suburb	State	Postcode	
Delivery Instructions				
Opening Days & Hours				
Phone			Mobile	
Fax			E-mail	

Online Ordering

Would you like access to our online ordering system?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	E-mail
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Contact Details

Contact for Account Queries	Name	E-mail
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Details of Directors / Owners

Name 1		
Address		
Suburb	State	Pcode
Phone	Fax	Mobile
E-mail		

Name 1		
Address		
Suburb	State	Pcode
Phone	Fax	Mobile
E-mail		

Monthly Credit Amount Applied For

\$

Type of Account Applying For

<input type="checkbox"/> 20 Day	<input type="checkbox"/> Pre-Paid
---------------------------------	-----------------------------------

Trade References (please complete for 20 day accounts)

Supplier 1	Phone
Supplier 2	Phone
Supplier 3	Phone

TO ENABLE SUPPLY OF SCHEDULED PRODUCTS, THE HEALTH DEPARTMENT REQUIRES THAT VITAL HOLDS A CURRENT COPY OF EVIDENCE FOR AN AUTHORISED PRACTITIONER OR LICENSE HOLDER AT THE STATED ADDRESS, FOR EXAMPLE A COPY OF YOUR MEDICAL REGISTRATION OR POISONS LICENSE. PLEASE NOTE THAT COPIES OBTAINED FROM AHPRA WEBSITE MUST BE SIGNED BY THE PRACTITIONER.

Authorisation I/We wish to apply for a credit account with Vital Medical Supplies (Vital Medical Supplies is a division of EBOS Group Pty Ltd). I/We have read the Terms & Conditions of Trade (see attached page) and hereby agree to adhere to the said conditions and also warrant that the above information is true and correct. I/We expressly represent to Vital Medical Supplies that I am/We are authorised to sign this application for a credit facility on behalf of the applicant.

Name _____

Position _____

Signature _____ Date _____

PLEASE COMPLETE & SIGN OVER THE PAGE

CS099 Application for Trading Account V8 January 2016. This document is uncontrolled when printed.

Terms & Conditions - Vital Medical Supplies

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Phone 1300 557 651 | Fax 1300 557 631 | sales@vitalmed.com.au | www.vitalmed.com.au



PAYMENT TERMS

- Twenty (20) days from date of statement.
- The ownership of the goods should not pass from Vital until payment has been made in full.

PAYMENT OPTIONS

CHEQUE:

- Payable to Vital Medical Supplies
- Mail to PO Box 100, Kingsgrove, NSW 1480, Australia with your remittance advice.

EFT:

- Transfer your payment into our bank account.
- Please contact our office for bank details.
- You must include your customer number and invoice number in your bank reference, and/or fax your remittance to 1300 557 631 or email to admin@vitalmed.com.au (Without this information we cannot guarantee proper processing of your payment).

CREDIT CARD:

- Visa and Mastercard credit cards do not attract a processing fee.
- American Express attracts a 3% processing fee for all orders (+ GST).
- A processing fee may be charged in exceptional circumstances (special or contract pricing transactions/late payment).

PRICING AND GST:

- All pricing provided is in Australian dollars and is exclusive of GST.
- Items that are GST exempt are marked "GST Free".
- All other items attract 10% GST.
- All prices are subject to change and may change without notice.

DELIVERY AND HANDLING CHARGES

METRO AREAS (Sydney, Brisbane, Melbourne)

- Orders over \$250 (excl. GST) will be delivered free of charge in metropolitan (Syd, Bris, Melb) and some regional areas.
- Orders less than \$250 (excl. GST) will attract a standard delivery handling charge of \$10.00+GST.
- Orders containing products that require "Cold chain processing" will attract a handling/delivery charge of \$20.00+GST, unless the order value exceeds \$250 (excl. GST).
- Delivery charges will apply for bulky goods deliveries (e.g. surgical furniture, sensitive equipment, bulky paper products).

DELIVERY AND HANDLING CHARGES (REGIONAL, COUNTRY AND OTHER AREAS)

- Freight charges will apply to all orders that do not fall within metro (Syd, Bris, Melb) areas. This includes backorders.
- Orders containing products that require "Cold chain processing" will attract an additional handling/delivery charge of \$20.00+GST, unless the order value exceeds \$250 (excl. GST).
- All COD or non-account transactions attract \$20.00+GST handling fee.

RETURNS AND DAMAGED SHIPMENTS

In the unlikely event that you are not satisfied with a product supplied by **Vital Medical Supplies**, you may apply for an authority to return by following the procedures below:

- Call Customer Service to obtain approval before returning goods, within 5 working days of receipt of your order.
- Goods returned for credit without prior notification will not be accepted. Please Note: Vital does not accept returned Cold Chain products.
- For complete Returns Procedures, please refer to our recent catalogue or ask for a copy.

January 2016 © Vital Medical Supplies

PHONE 1300 557 651

FAX 1300 557 631

www.vitalmed.com.au