

# 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.vitalmedicalsupplies.com.au



Vital Medical  
Supplies

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

## Monthly Credit Amount Applied For

\$
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## Type of Account Applying For

<input type="checkbox"/> 20 Day	<input type="checkbox"/> Pre-Paid
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## 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 V9 May 2020. This document is uncontrolled when printed.

