

Ausmedic Australia Pty Ltd trading as Performance Health ANZ ABN: 92 078 944 037 Unit 3, 3 Basalt Rd, Pemulwuy NSW 2145 (PO Box 1006, North Ryde NSW 2113) Ph: 1300 473 422 Email: sales@performhealth.com.au www.performhealth.com.au

Finance:

Credit Application Form

Please return completed form by FAX or EMAIL: Fax 1300 766 473 Email customeraccounts@performhealth.com.au

Business Details			
FULL BUSINESS NAME:		TRADING NAME (IF DIFFERENT):	
TYPE OF BUSINESS:		REQUESTED CREDIT LIMIT:	
		\$	
ABN/GST:		EMAIL ADDRESS:	
PHONE:		FAX:	
PERIOD ESTABLISHED: PERIOD AT PRESENT ADDRESS: MONTHS MONTHS		NEW CLINIC SET UP: No Yes Start Date: / /	
POSTAL ADDRESS:	HS MONTHS	NO TES SI	art Date: / /
DELIVERY ADDRESS (IF DIFFEREN	IT FROM POSTAL):		
Contacts			
PRACTITIONER (CONTACT):		PHONE:	
ACCOUNTS (CONTACT):		PHONE:	
Partners/Directors (PR	OVIDE AT LEAST 1)		
FULL NAMES:		PRIVATE ADDRESSES:	
1.			
_			
Trade References (PROV	'IDE 2)		
NAMES:	ADDRESSES:		PHONE NO:
1.			
2.			
of sale of Performance Health ANZ If this account is in the name of a co	nt is approved I/we undertake to comply with which I/we acknowledge that I/we have read ompany I/we covenant with Performance Hea ANZ by the company, that I/we shall be perso	and agree to comply with. alth ANZ that in default	
discharge of debt any and all due and owing by the company to Performance H		ealth ANZ.	OFFICE USE:
I have read and accept the Terms and Conditions. (See attached)			Sales:
Signature:	Name:		Einanco