



Cellmed

Account Application

Credit card and credit account
customer application form



CELLMED ACCOUNT APPLICATION

Section One: Your Account Type **PLEASE SELECT ONE OF THE TWO ACCOUNT TYPES**

Customer Accounts are available via these two options. Please fill out the sections which apply to the type of Account you require. These are indicated by **1** or **2**.



CREDIT CARD ACCOUNT
 Please fill in sections 2-5
 (Payment by credit card at time of purchase)



CREDIT ACCOUNT
 Please fill in sections 2-7
 (Payment on account at time of purchase)

Please Note: Where purchases are likely to be infrequent or \$500 or less per month, please select credit card payment (Option 1).



Section Two: Your Contact Details



Legal Name:

Trading Name:

ABN No:
 (Must be provided)

Nature of Business:

Registered Address:

Postal Address:
 (If different from above)

Delivery Address:

Special Instructions:
 (Hours of operation etc)

Telephone: Fax:

Email: Mobile:

Web Address:



Section Three: Keeping in Touch*



Do you wish to order using Cellmed Online (www.cellmed.com.au) Yes No

Please provide Email address for online ordering:

Do you wish to receive information relating to special offers, promotions Yes No

If yes, please provide email address:



Section Four: Scheduled Products



Do you wish to purchase Scheduled Products? Yes No

To purchase Scheduled Products the Health Department requires Cellmed retains a copy of your Practitioner License including address information. NB: Copies from AHPRA Website must be signed by the Practitioner.



Section Five: Acceptance of Our Trading Terms



I/We the applicant/partner/director of the company declare that I/We have never been registered under the Bankruptcy Act or been a director of a company which has gone into liquidation or had a receiver/manager appointed. I/We declare that I/We have read and understood, and agree to abide by the trading terms and conditions below, in particular that payment on account is to be made within 20 days of statement date, or as varied from time to time by Cellmed Pty Ltd. I/We expressly represent to Cellmed Pty Ltd that I Am/We are authorized to sign this application for a credit facility on behalf of the applicant. I/We acknowledge that first use by the applicant of the credit facility will constitute its acceptance of, and agreement to, the Terms and Conditions. I/We declare that the information provided by Me/Us in this document to be true and correct.

* Please refer to Cellmed Pty Ltd's Privacy Policy on our website

Full Name:

Position: Email Address:

Authorised signatory: Date:



Section Six: To Apply for a Credit Account (Purchases in excess of \$500 per month)

CREDIT ACCOUNT:

ACN Number (Where applicable): Date Established:

Business Ownership: Limited Liability Company Owner Operator Partnership Corporate
 Government Body Other

Corporate/Group Name:

Director/Owner Name: No. of Employees:

Director/Owner Name: Date of Birth: Driver

Residential Address: Licence No: Est.

Monthly Spend: \$

Trade References (Minimum of two referees must be provided):

Name: Phone

Name: Phone

Name: Phone No:



Section Seven: Your Business Contact Details

(Where applicable):

1. Accounts: Phone No:

Email: Mobile:

Position: Fax No:

2. Purchasing: Phone No:

Email: Mobile:

Position: Fax No:

3. Medical/Clinical: Phone No:

Email: Mobile:

Position: Fax No:

Please provide email address for electronic invoicing:

Privacy Statement

Cellmed collects and holds your personal information that it considers appropriate for the purposes of providing credit to the customer, including the administration and management of the customer's accounts with Cellmed. For these purposes, you consent to the disclosure of the personal information to any third party. By completing the details on the credit application form, you consent to the collection and use of personal information.

Please return to Cellmed

8 William St, Norwood, SA, 5067 | Attention: New Accounts

Email to: sales@cellmed.com.au

For further enquiries or any assistance in completing the Account Application Form, please feel free to call us on 1300 946 820

