

NEW ACCOUNT APPLICATION

All information offered will be treated in strict confidence.

Return completed and signed / dated form to:

* Fields must be provided

Email: office@durodent.com.au or

Post: Durodent - P.O Box 972, Bayswater VIC 3153

Office Use Only:	
ABN Lookup + Google Check	<input type="checkbox"/>
MYOB (Enter full details)	<input type="checkbox"/>
Sales Rep NSW /SA	<input type="checkbox"/>
Mailing List (Add or update)	<input type="checkbox"/>
Mail Chimp (If approved)	<input type="checkbox"/>
Set Credit Limit	<input type="checkbox"/>
Update Web Account Type	<input type="checkbox"/>
Welcome Letter	<input type="checkbox"/>
Date opened.....	
Approved by.....	
Opened by.....	

durodent dental

A.B.N 55 432 482 977

Toll Free: 1800 653 439

Ph: (03) 9720 6700

Postal: P.O Box 972, Bayswater VIC 3153

6/51 Jersey Rd, Bayswater VIC 3153

www.durodent.com.au

sales@durodent.com.au

ACCOUNT TYPE YOU ARE APPLYING FOR:

- 30 Day EOM Credit Account** (A maximum Credit limit amount must be approved by Durodent. Strictly 30 days End Of Month Statement Payment Terms)
- Pay On Order (Pay As You Go) Account** (Perfect for irregular ordering, low monthly spend or finance control)

BUSINESS / APPLICANT DETAILS

Business Type (Please Tick) * Sole Trader Partnership Company Educational Institution Government Department

Trading Name (This will be your Durodent account name when ordering) *: _____

Registered Legal Business Name*: _____ **A.B.N*** _____

Name/s of Proprietor / Director / Owner(s) *: _____

CONTACT DETAILS

Contact Person*: _____ Position In Business: _____

Phone*: _____ Mobile Number: * _____

Email*: _____

Accounts Payable Contact: _____ Accounts Email (if different from main email) *: _____

Would you like to be sent marketing information e.g. product news, monthly specials, promotions etc via: Email Post Both NONE AT ALL

DELIVERY ADDRESS*

Street Address: _____

Suburb: _____

State: _____ Postcode: _____

POSTAL ADDRESS* (if different from delivery)

PO Box / Street Address: _____

Suburb: _____

State: _____ Postcode: _____

SPECIAL DELIVERY INSTRUCTIONS (e.g. Days closed, Hours Open, Authority to Leave approval / instructions)

BUSINESS TRADING BACKGROUND DETAILS*

How long has the business been established? * _____

How long have the current proprietors owned the business? * _____

Please identify the activity of your business: * (please tick) Prosthetist Laboratory C&B Laboratory Dentist Other _____

Estimated monthly credit required (An initial maximum credit limit of \$1000 may be offered for brand new accounts without any prior trading history until trading pattern established over 6 months) * \$ _____

TRADE REFERENCE DETAILS – Required if you are applying for credit account, to understand your previous trading history / credit history.

Please provide (2) business names, contact names and phone numbers for current commercial suppliers that you purchase from.

1. _____ Ph: () _____

2. _____ Ph: () _____

CREDIT CARD INFORMATION – OPTIONAL - For Pay On Order if you would like us to securely retain and automatically process payments for each order.

We can process payments per order if orders are irregular instead of credit account.

Visa Mastercard American Express (No surcharge)

Name on Card: _____ Card Number: _____ CCV: _____ Expiry Date: _____/_____/_____

Terms and Conditions: I/We the undersigned acknowledge that should this application be approved: Credit will only be advanced for a period of Thirty (30) days from the end of invoice month. An initial maximum credit limit of \$1000 will be offered for brand new accounts without any prior trading history until trading pattern established. Any orders placed that exceed your provided credit limit may require payment for the balance before your order is shipped. I/We agree that Durodent Holdings Pty Ltd (ABN: 16 602 492 428) as the Trustee For Tasman Discretionary Trust (ABN: 55 432 482 977) trading as Durodent Dental Supplies may seek trade references from any names provided in this application or others. I/We understand that this information can include my credit worthiness, credit history, or credit capacity that credit providers are allowed to give or receive from each other under the privacy act. I/We acknowledge the fact that I/we will be responsible for any charges due against me or my company. Title of goods does not pass until all payment due in my account is made in full. Late payments or if the account is overdue outside of agreed trading terms, may result in account suspension until outstanding payments are made to Durodent. Durodent reserves the right to put accounts on hold, reduce credit, stop providing credit or revert accounts to Pay On Order account if trading terms are ignored or monthly spend becomes \$300 or less. In the event the account has to be placed in the hands of a collection agency, all associated costs to collect the amount due will be added to the claim to the account holder.

I/We have read the afore mentioned terms and conditions and I/we hereby agree by signing this document to the terms and conditions of Durodent Holdings Pty Ltd (ABN: 16 602 492 428) as the Trustee For Tasman Discretionary Trust (ABN: 55 432 482 977) trading as Durodent Dental Supplies. I/We agree that all information provided is correct and true.

Authorised Owner / Director Name/s*: _____ Authorised Signature* _____

Position*: _____

Date*: _____/_____/_____