

Credit Application

Bussiness Information :-

Legal Name of Entity	ABN/ACN	Trading Name
Goondiwindi Family Dental Pty Ltd	97813671839	Goondiwindi Famnily Dental
Trust Name	Account Type	Chairs At Practice
	Company	5
Phone	Mobile	Email
0745193500	0407961809	accounts@goondiwindifamilydental.com.au

Billing Information:-

Address Line 1	Address Line 2	City
40	Bowen St	Goondiwindi
State/Region/Province	Postal / Zip Code	Country
Qld	4390	AU

Delivery Information :-

Address Line 1	Address Line 2	City
40	Bowen St	Goondiwindi
State	Postal / Zip Code	Country
Qld	4390	AU

Practitioner Information :-

Practitioner Name	AHPRA Registration Number
Dr Olivia Vonow	DEN0001854764

Accounts Information :-

Contact Person	Phone	Email
Deanna Dixon	0745193500	accounts@goondiwindifamilydental

Director / Owner Information :-

Director / Owner 1 - Full Name	Director / Owner 1 - Address	Director / Owner 1 - Phone
Dr Olivia VONow	193 Glenoak Rd, Goondiwindi Qld 4390	0745193500
Director / Owner 2 - Full Name	Director / Owner 2 - Address	Director / Owner 2 - Phone

Credit Application

Trade References :-

Company Name 1

Border Builders Mitre10

Contact Name 1

Accounts

Company Address 1

Marshall St Goondiwindi

Company Phone 1

07 4671 1588

Company Email 1

finance@baumangroup.com.au

Company Name 2

Breeze Dental Ceramics

Contact Name 2

Company Email 2

breezedentalceramics@gmail.com

Company Address 2

PO Box 1473 Buddina QLD 4575

Company Phone 2

0416066746

Signature

A handwritten signature in black ink, consisting of several large, overlapping loops followed by a series of smaller, connected strokes.

