

## Customer Credit Application

Thank you for your request to become a Credit Customer of Healthware Aust Pty Ltd. Please complete, sign and return the form to apply for your credit application to be considered.

### Business contact information

Business name:

Phone:	Fax:	E-mail:
ABN:	ACN:	Dentist Registration No:

Address:

City:	State:	Postcode:
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In business since:

Sole trader: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Limited liability: <input type="checkbox"/>	Other: <input type="checkbox"/>
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### Director's/Owner's Personal Details

Name (1):	Date of Birth (1):
Address (1):	Driver's License No (1):
Name (2):	Date of Birth (2):
Address (2):	Driver's License No (2):

### Business/trade references (Please provide 2 references which extend credit to you)

<b>Company name:</b>	<b>Company name:</b>
Contact name:	Contact name:
Address:	Address:
City: Postcode:	City: Postcode:
Phone:	Phone:
E-mail:	E-mail:

### Agreement

- All invoices are to be paid on the **last working day** of the month following the date of the invoice.
- Healthware Aus Pty Ltd may (in assessing my application for credit) obtain personal information and seek from a credit reporting agency or other credit provider information about my credit arrangement and I understand that this information may include my credit worthiness, credit history or credit capacity.
- Healthware Aus Pty Ltd shall be entitled to charge interest on overdue invoices. Interest will be charged from the date when payment becomes due to the date payment is received at a rate of 10% per annum.
- I/We acknowledge that if the account is overdue, Healthware Aus Pty Ltd at its discretion, reserves the right to refer the account to a Debt Collection Agency and/or solicitor for collection and I/We agree to be responsible for all collection costs and expenses incurred in collecting overdue accounts.
- Accounts more than 30 days past due or in excess of their credit limit will be placed in suspension until all overdue invoices are paid in full. Provision of goods and services will re-commence once all overdue invoices are paid and the suspension has been lifted.
- Healthware Aus Pty Ltd reserves the right to refuse or withdraw the applicant(s) credit facilities at any time if the applicant is in breach of these terms and conditions.
- I/We acknowledge that the information provided within this application has been read and understood by me/us, and I/we declare that all the supplied information is true and correct in every detail.

### Signatures

Name: Title: Date:	Name: Title: Date:
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