

# ACCOUNT APPLICATION FORM

## FAX TO 1300 22 44 60

team medical supplies

ACCOUNT NUMBER  
(office use only)

Legal Business Name			Trading Name (if different)			
Title	Principle Doctor   Pharmacist   Practitioner First Name		Surname			
Medical Centre Name   Pharmacy   Practice						
Type of Business <small>(GP, Specialist, Dentist, Government, Hospital, Pharmacy, Trade)</small>			ABN			
please tick ✓	<input type="checkbox"/> Pty Ltd	<input type="checkbox"/> Ltd	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trustee	<input type="checkbox"/> Other
Business Delivery Address	Building/Shop Unit/Level		Street			
	Suburb			State	Pcode	
Special Delivery Instructions	<small>(Include opening days and hours, street level, entrance etc)</small>					
Postal Address <small>(if different from above)</small>	Street			State	Pcode	
	Suburb			State	Pcode	
Phone		Mobile		Fax		
E-mail			Preferred method of communication: (please circle) PHONE   MOBILE   FAX   E-MAIL			
Contact Name for Ordering		E-mail				
Contact Name for Accounts queries		E-mail				

### DIRECTORS DETAILS

Name (Director 1)		Phone & Mobile	
Address		Driver's license No	
E-mail address			
Name (Director 2)		Phone & Mobile	
Address		Driver's license No	

### TRADE REFERENCES (Omitting References might delay your application)

Company Name 1	Phone
Company Name 2	Phone

►► **SCHEDULED PRODUCTS (S2-S8 Drugs)** If you intend to purchase pharmaceuticals, vaccines and local anaesthetics we are required by law to have a copy of your current Medical Board Registration.

YES, I intend to purchase scheduled drugs and will fax a copy of my registration with my signature	Reg Number	NO, I will not purchase S2-S8 drugs.
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**DECLARATION: I/WE HAVE READ THE TERMS AND CONDITIONS OF THIS APPLICATION. I/WE AGREE TO ABIDE BY THESE TERMS AND CONDITIONS, IN PARTICULAR THAT ALL ACCOUNTS WILL BE PAID WITHIN THE AGREED PAYMENT PERIOD.**

(see [www.teammed.com.au](http://www.teammed.com.au) for complete terms)

Name(s)	Date
Signature(s)	Position(s)