

AHP Dental & Medical Pty Limited

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sales@ahpdentalmedical.com.au

Order Online - www.ahpdentalmedical.com.au

NEW ACCOUNT APPLICATION FORM

**To be used by Registered Dental and Medical Practitioners
and Specialists only**

- **DISCOUNT** for New Customers* (only for *Registered Dentists*) – **5%** off your first order regardless of value or **7.5%** off your first order over \$3,000!
(* not to be used in conjunction with any other offer)

AHPRA Registration No of Principal Practitioner	
Registered Business Name (in full)	
Trading Name	
ABN Number	
Nature of Business	
Number of Years in Business	
Name of Principal Practitioner / Director	
Delivery Address	
Days and Times Open for Delivery	
Any Special Instructions for Courier? (e.g. goods must be signed for)	
Postal Address (if different to delivery address)	
Contact Person for Ordering	
Phone Number (incl area code)	

How did you find out about us?	
Mobile Number	
Website	
Email Address (orders)	
Email Address (accounts)	
Do you Require an Online Account? www.ahpdentalmedical.com.au	
Credit Limit Required (if any) (\$) (all accounts are strictly 30 days) Initial orders to be paid in full before dispatch	
Expected monthly purchases (\$)	
Trade Reference #1 (Company Name / Phone Number) This refers to companies you purchase from regularly for a credit check. Note this field is mandatory	
Trade Reference #2 (Company Name / Phone Number) This refers to companies you purchase from regularly for a credit check. Note this field is mandatory	
<p>Agreement</p> <p>By signing this application form, you acknowledge and agree that:</p> <ol style="list-style-type: none"> 1) All invoices will be paid by the 30th of the month following the date of invoice. 2) Any claims arising from an invoice will be made within seven days of receipt of that invoice. 3) AHP Dental & Medical Pty Limited is authorised to make inquiries into the banking and trade references that you have supplied. 4) You will be liable for all associated costs of recovery if AHP Dental & Medical Pty Limited refer any overdue invoice to a collection agency / law firm. 	
Signed by Practitioner / Director	
Full Name of Practitioner / Director (print)	
Date of Application	

**Completed form to be e-mailed to:
accountsreceivable@ahpdentalmedical.com.au**

For AHP Use Only				
Approved By	Account Number	References Checked	Credit Limit Approved	Initial Orders Paid For