

Application for access to schedule products

Please email completed forms to ar.addressbook@ch2.net.au

Part 1 - Company - Business Details

Account Code

Company name

Trading name

ABN

ACN

Delivery Address

Town/Suburb

State

Postcode

Contact Name

Contact Role

Business Phone

Fax

Email

Part 2 - Access to schedule products

Practitioner Registration to obtain scheduled product.

To obtain scheduled products a current Drugs & Poisons Permit or Licence or AHPRA registration or Veterinary Certificate MUST accompany this application for all delivery sites.

Do you wish to purchase scheduled drugs? Yes (*please state which schedule*) _____ No

Do you wish to purchase alcohol based products? Yes No

If YES, please provide details of valid and current permit/licence/registration/certificate.

Name on paperwork

Signature

Type

Number:

Expiry date

Part 3 - Terms and conditions of sale

Please ensure that you have a copy of our full Terms and Conditions of Sale and sign your understanding and acceptance of the condensed version of these below. Visit our website paragoncare.com.au

Declaration of Owners / Directors

Agreement as to Trade Terms:

I/We agree that:

- The details that have been completed on this form have been supplied by me/us to Clifford Hallam Healthcare Pty Ltd ("CH2") in order to obtain a 30 day credit facility, and those details are true and correct to the best of my/our knowledge and belief.
- All purchases on any Trade Credit Facility offered by CH2 are subject to CH2's Terms and Conditions of Sale (on condition that, should any change be made to those Terms and Conditions of Sale which are unacceptable to me/us, I/we are at liberty to terminate the Trade Credit Facility and repay all outstanding amounts owed to CH2 in accordance with the prior Terms and Conditions of Sale.)
- All products purchased on any Trade Credit Facility offered to me/us by CH2 shall remain the sole and absolute property of CH2 as legal and beneficial owner, and the property in and title to any products purchased shall not pass from CH2 to me/us until CH2 has been paid in full for all products purchased.
- Failure to comply with CH2's Terms and Conditions of Sale may result in suspension of deliveries without notice and/or I/we may incur service fees on any overdue account balance.
- CH2 reserves the right to charge interest on overdue amounts calculated daily at 2% per annum above the maximum overdraft rate charged by CH2 bankers.
- I am/We are/This Business is able to pay my/our/its' debts as and when they become due as at the date of this Application.
- I am/We are the owners/directors of the business and accept unlimited personal liability to CH2 for payment of any Trade Credit Facility offered by or debt owed to CH2.

Agreement that Clifford Hallam Healthcare Pty Ltd ("CH2") may seek consumer credit information (Section 18K(1)(b) Privacy Act 1988):

- If CH2 considers it relevant to assessing my/our application for commercial credit, I/we agree to CH2 obtaining from a credit reporting agency a credit report containing personal credit information about me/us in relation to commercial credit provided by CH2.

Exchanging information with other credit providers (Section 18N(1)(b), Privacy Act 1988):

- I/We agree to Clifford Hallam Healthcare Pty Ltd ("CH2") obtaining personal information about me/us from other credit providers, whose names I/we may have provided to CH2 or that may be named in a credit report, for the purpose of assessing my/our application for commercial credit made to CH2

Agreement to a credit provider obtaining a consumer credit report to collect overdue payments on commercial credit (Section 18K(1)(h), Privacy Act 1988):

- I/We agree that Clifford Hallam Healthcare Pty Ltd ("CH2") may obtain a consumer credit report about me/us from a credit reporting agency for the purpose of collecting overdue payments relating to commercial credit owed by me/us.

Owner/Director 1

Signature

Full name
(Please print)

Drivers
License

Date

Owner/Director 2 (if applicable)

Signature

Full name
(Please print)

Drivers
License

Date

Authorised Company Representative

Signature

Full name
(Please print)

Role

Date

FOR OFFICE USE ONLY

Branch	<input type="text"/>	Shipping Warehouse	<input type="text"/>	BDM	<input type="text"/>	Customer type	<input type="text"/>
AR Group Code	<input type="text"/>	Pricing - General/Medical	<input type="text"/>	Pricing - Vet	<input type="text"/>		
Pricing - Pharma	<input type="text"/>	Pricing - Contract - 13	<input type="text"/>	Pricing - Contract - 14	<input type="text"/>		
Backorders (Y/N)	<input type="text"/>	CH2 Direct - CH2 link (Y/N)	<input type="text"/>	Freight (Y/N)	<input type="text"/>	Cold Chain (Y/N)	<input type="text"/>