

ACCOUNT APPLICATION

ABN: 26 454 494 673 ACN: 005 863 525

Thank you for your request to become an Account Customer of OPC Health Pty Ltd. This Account Application & Agreement (the "Application") **must be fully completed, signed and returned** by you (the "Applicant/Customer") before your credit request will be considered.

Business Details

The Applicant(s) Business Trading Name:

Registered Company Name (if applicable):

A.B.N. A.C.N.

Billing Address:

Suburb: State: Postcode:

Shipping Address:

Suburb: State: Postcode:

Primary Business Function (e.g. physio, chiro etc.):

Contact Name(s):

Telephone No: Fax No:

Email Address:

Accounts Payable Contact:

Accounts Payable Email:

Wholesale Online Account Registration

Mandatory for new OPC customers. A confirmation email will be sent to the nominated contact on activation of your account. Additional users may be added; please contact OPC for further details.

Key features of an online account are you can place your orders on line, view your account, view previous orders and pay your account online.

The Applicant(s) Business Trading Name:

Contact Name: Telephone No:

Email Address:

Nominated User Name (max 20 characters):

Nominated Password (case sensitive):

OFFICE USE ONLY	Debtor Code:	Sales Code:
-----------------	--------------	-------------

TERMS AND CONDITIONS

1. The applicant(s) must inform OPC Health in writing within seven (7) days of any change of his/her/their business details or corporate structure.
2. The ownership of goods shall not pass to the purchaser until payment of the full purchase and any other monies are paid in full.
3. It is at OPC Health's discretion whether the account will be on 30 day terms (**where invoice is payable in full within 30 days of statement**) or cash account (where payment via credit card will be required to finalise your order).
4. OPC Health reserves the right to withdraw the approved credit status at any time, and all future purchases will be classed as a cash account.
5. Following suspension/cancellation of the credit limit taking effect all monies owing to OPC Health for services supplied & invoiced shall be due and payable immediately.
6. I/We acknowledge that if the account is overdue, OPC Health 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 collection overdue accounts.
7. OPC Health reserves the right to charge a dishonour fee at the rate of \$30 where a cheque payment is dishonoured.
8. Accounts more than 30 days past due or in excess of their credit limit will be placed on IMMEDIATE STOP CREDIT until all overdue invoices are paid in full.
9. OPC Health reserves the right to commence recovery proceedings in the event that invoiced payments are not made in full within the time stipulated on the invoice.
10. I/We acknowledge that the information provided within this application has been read and understood, and I/we declare that all the information is true and correct in every detail and I/we acknowledge that if credit is given, credit will be provided in reliance upon the information supplied by me/us herein.

Signature : **Signature :**

Full Name (print) : **Full Name (print) :**

Date : **Date :**