

## ACCOUNT APPLICATION

Organisation Name: \_\_\_\_\_

Organisation Address: \_\_\_\_\_

\_\_\_\_\_

Delivery Address (if different): \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Mob: \_\_\_\_\_ Fax: \_\_\_\_\_

### **Email addresses:**

Correspondence/purchasing: \_\_\_\_\_

Invoices/monthly statements: \_\_\_\_\_

### **Contact person:**

Pharmacy owner name: \_\_\_\_\_

Pharmacy owner Registration No.: \_\_\_\_\_

Pharmacist in charge: \_\_\_\_\_

Contact person for Accounts: \_\_\_\_\_

Pharmacy Approval No.: \_\_\_\_\_

Organisation ABN: \_\_\_\_\_

### **Bella Corp Online Store**

Would you like to have access to Bella's online store?  Yes  No

If so, what **email address** would you like to use as your login?

*Please bear in mind that only one email address can be used as your login for your pharmacy, and all order status updates will be sent to that email address automatically.*

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### Importers and Distributors of Compounding Products

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**INITIAL ORDER PAYMENT REQUIREMENT:**

We require your first order with us to be prepaid by EFTPOS or direct deposit. Please advise your credit card details below or advise us at time of order:

Amex |  Visa |  Mastercard    Card number: \_\_\_\_\_  
Expiry date: \_\_\_\_\_    Cardholder’s name: \_\_\_\_\_

**SUBSEQUENT ORDERS PAYMENT TERMS:**

Please advise which method of payment is preferred:

**Prepaid account**

Please supply Bella Corp Trading with your credit card details. Orders are prepaid at time of dispatch. We accept Mastercard, Visa and Amex.

Use same credit card details as initial order

Amex |  Visa |  Mastercard    Card number: \_\_\_\_\_  
Expiry date: \_\_\_\_\_    Cardholder’s name: \_\_\_\_\_

**28 days EOM**

Invoices are due 28 days after the end of the month in which they are issued. We will issue a monthly statement. Accounts can be paid by:

1. Cheques made payable to Bella Corp Trading Pty Ltd
2. Credit card
3. Direct deposit to Bella Corp Trading’s bank account:

**ANZ Bank, BSB: 014 526                      Account number: 2144 00552**  
(Please use your customer number, invoice number or pharmacy name as reference)

*I agree to the above trading terms.*

Signed: .....    Date: .....

Name: .....

Please return this completed form to [bellacorp@bellacorp.com.au](mailto:bellacorp@bellacorp.com.au)  
or fax to 07 5597 4264.

We look forward to doing business with you!

*(office use only)*

*Application approved?: ..... Approved by: ..... Date Approved: .....*

*Customer Name: ..... Customer Number: .....*