



CREDIT ACCOUNT SET UP FORM

FAX TO 1800 678 713 OR E-MAIL INFO@CORTEXHEALTH.COM.AU

BUSINESS DETAILS			
Company name		ABN	
Trading name			
Structure	<input type="checkbox"/> Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust
Postal address:			
Suburb:		State:	Postcode:
Telephone:	Fax:	Mob:	
Email:			
DIRECTOR/PROPRIETOR DETAILS			
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Prof	First name	Middle	Surname
Residential address:			
Suburb:		State:	Post Code:
ACCOUNT DEPARTMENT / ACCOUNT CONTACT PERSON DETAILS			
<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Miss <input type="checkbox"/> Mrs <input type="checkbox"/> Prof	First name	Middle	Surname
Company Name			
Postal Address			
Email Address:			
Phone number:	Mobile:		
AUTHORISED PRACTITIONER/PHARMACIST DETAILS			
Name:		AHPRA No:	
Name:		AHPRA No:	
Preferred method of ordering:	<input type="checkbox"/> E mail	<input type="checkbox"/> Fax	
CREDIT CARD DETAILS (NOTE - HELD AS SECURITY ONLY - NOT FOR SETTLING ACCOUNTS)			
Credit Card Number :			
Expiry:	CCV:		
Name on Credit Card:			



DECLARATION:

The Declaration and Personal Guarantee below is to be signed by

- The directors of the company/owners of the business applying for this account
- An authorised representative of the company*

*I agree to maintain the account to agreed terms, and accept liability jointly and severally with the proprietor

I the undersigned hereby:

Declare that the facts given are true and correct, acknowledge that credit facilities may be withdrawn without prior notice, jointly and severally guarantee payment to Cortex Health Pty Ltd of monies due by my/our business/company.

I agree to notify Cortex Health Pty Ltd should any change in the ownership of the business/company take place.

Print Name: _____

Position: _____

Signed: _____ Date: _____

TERMS

Standard terms of trade are **15 days** from invoice date for customers who qualify for a credit account, unless specified otherwise. Credit limit restrictions may apply. Accounts exceeding the granted credit limit will require payment prior to the due date.

METHOD OF PAYMENT

Settlement of accounts is preferred via Bank Deposit. Payment over the phone via card is available and incurs a 3.5% surcharge.

OVERDUE ACCOUNTS

Accounts in excess of 60 days past due may be charged interest at business overdraft rates of the outstanding balance per month. Accounts exceeding trading terms will be placed on hold and further credit withheld at the discretion of Cortex Health.

Cortex Health reserves the right to recover any additional costs incurred in relation to the collection of any overdue debt. Cortex Health reserves the right to impose any restrictions or withdraw credit facilities as it deems fit.

ORDERS

All orders must include your Account Code and Product Codes. Cortex Health will not take responsibility for mistaken goods where product codes have not been quoted. There are no minimum orders.

BACK ORDERS

Cortex Health will make every effort to ensure products are always available in stock. Items may at times become unavailable due to circumstances beyond our control. Cortex Health cannot be held responsible for out of stock items in these instances.

Should you wish to receive backorders Cortex Health will ship these items automatically once the stock has become available. Please contact our friendly customer service team to advise how you wish to have your back orders handled.

REFRIGERATED ITEMS

Stock which requires refrigerated storage will remain the responsibility of the customer to check for instructions upon receipt of goods.

PRACTITIONER REQUIREMENTS

Practitioner products are available only to qualified practitioners who have undertaken formal training and received registration.