

# **Customer Account Application**

Landline

📞 03 9554 0490 🛛 🖶 03 9554 0400 🛛 🔀 sales.support@ch2.net.au

Please complete all fields in capital letters and ensure you sign this form before returning. Please fax or email your completed application to CH2 accounts department.

This account is non transferable without the prior written consent of CH2. It is the responsibility of the Customer to notify CH2 of any changes of ownership 14 days prior to any such change.

•		Nature of Business (please tick)
Customer Details		
Company name		Public Hospital     S 94 Hospital Pharmacy     S 00 Community Pharmacy
Trading name		Day Surgery S 90 Community Pharmacy     Private Hospital     Pharmacy Applications
ABN	ACN	□ Medical Centre Only - S90 PAN (Pharmacy
Contact Name		Dental Approval Number)
Contact Role		□ Allied Health
Phone	Email	
Acting as trustee		□ Aged Care □ Veterinary □ Other (please specify)
of a trust		
Postal & Delivery	Details	Trading Terms
Postal Address		Please estimate your monthly spend
Town/Suburb		□ <\$1,000\$ □ 1,000-\$5,000 □ \$5,000-\$10,000 □ >\$10,000
State	Postcode	
Contact Name	Contact Role	
Business Phone	Fax	Please tick which Trade Credit Facility you wish to apply for
Tick if postal addr	ess is the same as delivery address	Cash Account: all orders must have confirmation of
Delivery Address		payment before dispatch.
Town/Suburb		Direct Debit:
State	Postcode	bank account on the 4th of each month and
Contact Name	Contact Role	receive 0.5% discount off your balance.
Business Phone	Fax	Credit account – Direct payment from nominated credit card on the 4th of each month and receive a
Director/Partner/	Sole Trader	0.9% + GST discount in our merchant fee.
Director/Partner/		Trading Account:
Contact Name		Trading Account:       DOB        □S90 Community Pharmacy (Retail Pharmacy
Contact Name Personal Address		DOB Trading Account: DOB S90 Community Pharmacy (Retail Pharmacy Customer); 25 day credit facility, all invoices due and payable 25 days from end of month.
Contact Name Personal Address Town/Suburb	State F	DOB       Trading Account:         DOB       S90 Community Pharmacy (Retail Pharmacy Customer); 25 day credit facility, all invoices due and payable 25 days from end of month.         Postcode       All other Trading Accounts; 30 day credit facility, all
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Contact Name Personal Address Town/Suburb Drivers License Phone Director/Partner/	Company Secretary	DOB       Trading Account:         DOB       S90 Community Pharmacy (Retail Pharmacy Customer); 25 day credit facility, all invoices due and payable 25 days from end of month.         Postcode       All other Trading Accounts; 30 day credit facility, all invoices due and payable from invoice date.         Other       Please tick which CH2 services you would like to receive
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Contact Name   Personal Address   Town/Suburb   Drivers License   Phone   Director/Partner/   Contact Name   Personal Address   Town/Suburb   Drivers License   Phone   Contact S. + to   Accounts / Statemed   Role   Email   Phone   CH2 Direct Orderin	State       Image: State       Image	DOB       Trading Account:         DOB       S90 Community Pharmacy (Retail Pharmacy Customer); 25 day credit facility, all invoices due and payable 25 days from end of month.         Postcode       All other Trading Accounts; 30 day credit facility, all invoices due and payable from invoice date.         OOB       Other         Please tick which CH2 services you would like to receive         OOB       Access to our online ordering platform - CH2 Direct         Access to our electronic invoice portal - CH2 Link         CH2 will send relevant promotional offers, operation communication and other information to nominated contacts.         I I do not want to receive promotional offers from CH2         I I do not want to receive promotional offers from CH2         I I do not want to receive promotional offers from CH2         I I do not want to receive promotional offers from CH2         I I do not want to receive promotional offers from CH2         Email         Phone         Ccess setup)       Delivery Status Updates

Phone

Phone

Application for access to schedule prod	ucts					
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 (p	lease state which so	hedule)	[	] No	
Do you wish to purchase alcohol based product	s? 🗌 Yes	🗆 No				
If YES, please provide details of valid and cur	rent permit/licen	ce/registration/	certificate.			
Name on paperwork			Signature			
Туре		Number:		E	xpiry date	
CH2's Terms and Conditions of Sale						
By signing this Application, the Customer.						
a. requests CH2 to enter into the trading account	t selected in the T	rading Terms see	tion of this appli	cation <b>(Trade</b>	Credit Faci	l <b>ity)</b> ; and
b. acknowledges that by initiating the use of the Sale available at www.ch2.net.au/contact/terms				opportunity to	read CH2's	Terms and Conditions of
c. acknowledges that CH2 recommends that the with a CH2 representative or an independent ad			nditions of Sale a	and discuss a	ny terms tha	t they do not understand
d. agrees and accepts that each order forms a s	eparate contract t	hat will be gover	ned by the Terms	s and Conditic	ons of sale; a	Ind
e. acknowledges that CH2 may vary its Terms a	nd Conditions of S	ale from time to	time; and			
f. accepts and agrees to be bound by the obligations of the Customer under the Terms and Conditions of Sale that are applicable on the date of a relevant order being placed by the Customer with CH2.						
Customer Declaration and Agreement to CH2's Terms and Conditions						
The Customer agrees that:						
<ul> <li>CH2 may seek consumer credit information (Section 18K(1)(b) Privacy Act 1988):</li> <li>If CH2 considers it relevant to assessing the Customer's application for commercial credit, the Customer agrees 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.</li> </ul>						
<ul> <li>CH2 may exchange information with other credit providers (Section 18N(1)(b), Privacy Act 1988):</li> <li>The Customer agrees to CH2 obtaining personal information about it from other credit providers, whose names the Customer may have provided to CH2 or that may be named in a credit report, for the purpose of assessing this application.</li> </ul>						
<ul> <li>CH2 may obtain a consumer credit report to collect overdue payments on commercial credit (Section 18K(1)(h), Privacy Act 1988):</li> <li>The Customer agrees that CH2 may obtain a consumer credit report about it from a credit reporting agency for the purpose of collecting overdue payments relating to commercial credit owed by the Customer.</li> </ul>						
Director 1	Director 2/C (if applicable		etary	Authorise	ed Compa	ny Representative
Signature	Signature			Signature		

		(if applicable)	
Signature		Signature	Signature
Full name (Please print)		Full name (Please print)	Full name (Please print)
Drivers License		Drivers License	Role
Date		Date	Date
	I am the sole director and company	Partnership	Sole Trader
	secreatry of the Customer	Signature	Signature
		Full name of partner (Please print)	Full name (Please print)
		Driver's License	Driver's License
		Signature of witness	Signature of witness
		Name of witness	Name of witness
		Address of witness	Address of witness
		Date	Date

### Guarantee

In consideration of CH2 agreeing to supply or continuing to supply goods and services on credit to the Customer named above, each guarantor named below (**Guarantor**) unconditionally and irrevocably guarantees to CH2 the due and punctual payment of all debts and monetary liabilities, including without limitation, any money which may become payable by the Customer to CH2 under any Trade Credit Facility granted by CH2 to the Customer (the **Guaranteed Money**). If the Customer does not pay any of the Guaranteed Money on time, CH2 may make a written demand to each Guarantor, or any of them, to immediately pay the Guaranteed Money (or any part of it).

As a separate obligation, each Guarantor agrees to indemnify CH2 against any claim, action, loss, damage, liability, cost, expense, outgoing or payment suffered, paid or incurred by CH2 in relation to the non-payment or non-recovery of the Guaranteed Money, or as a result of any breach by the Customer of CH2's Terms and Conditions of Sale.

Each Guarantor hereby agrees with CH2 that the above guarantee and indemnity (the **Guarantee**) are absolute, unconditional and irrevocable and shall be continuing obligations of each Guarantor, and each Guarantor's obligations and liabilities are not affected or released by any circumstance, act or ommission, including:

a. the failure of any other person named as a Guarantor to execute this Guarantee;

b. any variation of the Terms ad Conditions of Sale or any other terms upon which the goods and/ or services are supplied to, or paid for by, the Customer;

c. an increase in the amount of Guaranteed Money;

d. the fact that any credit was provided by CH2 or any related body corporate before this Guarantee was signed;

e. the death, liquidation or bankruptcy of the Customer or the Guarantor;

f. changes in the membership, name or business of a firm, partnership, committee or association, or the Customer; and

g. the granting of any time, waiver, credit, indulgence and/or concession to the Customer.

If another Guarantor signs this Credit Application, each Guarantor's obligations are joint and several and each Guarantor's obligations shall continue until all amounts payable by the Customer have been paid.

#### Attention: Intending Guarantors warning please read

By signing this Customer Account Application the Guarantor:

a. agrees to be bound by the Guarantee above, all other provisions of this Customer Account Application and CH2's Terms and Conditions of Sale (as applicable and relevant to that Guarantee);

b. acknowledges that the Guarantor has been given an opportunity to read CH2's Terms and Conditions and that CH2 encourages the Guarantor to do so;

c. understands that the Guarantor can refuse to sign this document;

d. understands that there are financial risks involved in signing this document (for example, it may become necessary for the Guarantor to sell its assets so that the guarantor can pay CH2);

e. declares that it has obtained legal and financial advice as necessary or if it has not obtained such advice, declares that does not regard any such advice as necessary and prefers to proceed without it; and

f. declares that it is fully aware of the nature of and risks in signing this Customer Account. Application and is signing it voluntarily.

## **Guarantor 1**

Signed, Sealed and Delivered as a Deed by the Guarantor in the presence of:

Signature	S	Signature of Witness
Name (Block Letters)		Name of Witness (Block Letters)
Driver's License	· · · · · · · · · · · · · · · · · · ·	Address
Date		Date

# **Guarantor 2**

Signed, Sealed and Delivered as a Deed by the Guarantor in the presence of:

Signature	Signature of Witness	
Name (Block Letters)	Name of Witness (Block Letters)	
Driver's License	Address	
Date	Date	

# **Guarantor 3**

Signed, Sealed and Delivered as a Deed by the Guarantor in the presence of:

Signature	Signature of Witness
Name (Block Letters)	Name of Witness (Block Letters)
Driver's License	Address
Date	Date

# FOR OFFICE USE ONLY

Branch	Shipping Warehouse	BDM	Customer type
AR Group Code	Pricing - General/Medical	Pricing - Vet	Web Customer Type
Pricing - Pharma	Pricing - Contract - 13	Pricing - Contract - 14	
Backorders (Y/N)	CH2 Direct - CH2 link (Y/N)	Freight (Y/N)	Cold Chain (Y/N)