



Phone: +61 (02) 9692 7911
Sales: +61 (02) 9692 7947
Fax: +61 (02) 9692 7965
Address: 301 Catherine Street
Leichhardt NSW 2040

Macquarie Medical Systems Pty Limited
ACN: 002 237 676
ABN: 65 002 237676
Email: sales@machealth.com.au
Web: www.machealth.com.au

CREDIT APPLICATION

Information Supplied will be treated as strictly confidential

Business Name: _____

Name of Person or Company Owning Business: _____

Business Address: _____

Postal Address: _____

Delivery Address: _____

ABN Number: _____

Phone Number: _____

Fax Number: _____

Purchasing Contact: _____

Account Payable Contact: _____

Business Nature: _____

Business Entity (tick one): () Public Company () Private Company
 () Partnership () Sole Trader
 () Other, please list _____

Date Business Commenced Operations: _____

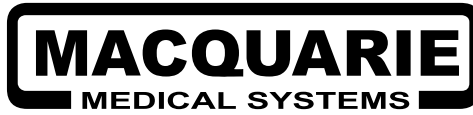
Please list the names and address of Directors and Partners in the Business:

Bank Account Details:

Bank Name: _____ Branch: _____

Branch Address: _____

Account Number: _____ BSB Number: _____



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Please list the names and details of three trade references (please note: stationary suppliers and courier companies are not accepted):

REFERENCE 1:

Reference Name: _____

Address: _____

Contact Name: _____

Phone Number: _____ Fax Number: _____

REFERENCE 2:

Reference Name: _____

Address: _____

Contact Name: _____

Phone Number: _____ Fax Number: _____

REFERENCE 3:

Reference Name: _____

Address: _____

Contact Name: _____

Phone Number: _____ Fax Number: _____

Applicants Declaration:

1. I/We hereby apply for the opening of a credit account and provide the above information in support of our application.
2. I/We understand that the normal trading terms are strictly NET 30 DAYS EOM after delivery. I/We understand that if the account becomes overdue, it is automatically on hold until brought within the trading terms.
3. I/We acknowledge receipt of and have read and accepted the Terms of Conditions and Sale.
4. I (insert name) _____ certify that I am authorised to sign this credit application form on behalf of (insert business name) _____ and the information given is true and correct to the best of my knowledge.

Signature: _____

Position: _____

Date: _____