

CUSTOMER APPLICATION FORM - PROFORMA

If your business is an incorporated company please complete Sections A and C.
If you are operating as a sole trader, partnership or trust please complete Sections B and C.

SECTION A - COMPLETE FOR APPLICATION BY COMPANY

Name of Company : _____
A.B.N. : _____ A.C.N. : _____ Date of Incorporation : _____
Trading Name : _____
Registered Office Address : _____
State _____ Postcode _____
Full Names of Directors : 1) _____ 2) _____
D.O.B _____ D.O.B _____

SECTION B - COMPLETE FOR APPLICATION BY SOLE TRADER, PARTNERSHIP OR TRUST

Trading Name : _____
A.B.N. : _____ Date Business Commenced : _____
Details of Proprietors/Partners/Trustees :
1) Name : _____ D.O.B : _____ D/Lic. No. : _____
Address : _____
State _____ Postcode _____
2) Name : _____ D.O.B : _____ D/Lic. No. : _____
Address : _____
State _____ Postcode _____

SECTION C - ALL APPLICANTS - PLEASE COMPLETE THE FOLLOWING DETAILS

Business Address : _____
Address for Statements : _____
Telephone No : _____ Fax No : _____
Email : _____
Name of Store Manager/Purchasing Contact : _____
Nature of Business: Practitioner
 Health & Beauty
 Other : _____

TERMS OF SUPPLY

(FOR PLANET HEALTH PTY LTD referred to as "Planet Health")

I/we, the Directors, Proprietors or Partners referred to on the previous page, declare personally and declare on behalf of the customer whose registered business name appears on the previous page ("the customer") that the information contained in this Application is correct.

Signed : _____ Date : _____

Name : _____ Position : _____

Signed : _____ Date : _____

Name : _____ Position : _____

OFFICE USE ONLY

Date : _____ Signed by Planet Health : _____

Customer Code : _____

Sort Code : _____ Territory : _____ Rep : _____ Category: _____

Approved by : _____ Date : _____