

## CUSTOMER DETAILS

COMPANY NAME: \_\_\_\_\_

ABN NUMBER: \_\_\_\_\_

TRADING NAME: \_\_\_\_\_

TYPE OF BUSINESS: \_\_\_\_\_

COMPANY ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

## SHIP TO (IF DIFFERENT TO ABOVE):

SHIP TO ADDRESS: \_\_\_\_\_

SUBURB: \_\_\_\_\_ STATE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

PURCHASING CONTACT *(person authorised to place orders on behalf of the Company)*: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

ACCOUNTS PAYABLE CONTACT: \_\_\_\_\_

CONTACT NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

## TRADE REFERENCES

*Kindly ensure that referees are regular, industry-related vendors (providers of rent, utilities and financial services etc. will not be accepted)*

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

## ÖSSUR AUSTRALIA STANDARD PAYMENT TERMS IS 30 DAYS FROM INVOICE

By submitting this application, you authorise Ossur to make enquires into your trade references supplied.  
All sections must be completed and the form must be signed by an authorised representative of the company.

\_\_\_\_\_  
*Full Name*

\_\_\_\_\_  
*Position*

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

PLEASE SEND COMPLETED FORM TO:

**PROSTHETICS:** CSSYDNEY@OSSUR.COM OR VIA FAX +61 2 9630 5310

**ORTHOTICS:** MBSALES@OSSUR.COM OR VIA FAX +61 3 9761 6067

### FOR OFFICE USE ONLY

AR APPROVER: \_\_\_\_\_

DATE APPROVED: \_\_\_\_\_ CREDIT LIMIT: \_\_\_\_\_

CUSTOMER NUMBER: \_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*