

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:
CUSTOMERCARE.AU@OSSUR.COM OR VIA FAX +61 2 9475 1114

FOR OFFICE USE ONLY

AR APPROVER: _____

DATE APPROVED: _____ CREDIT LIMIT: _____

CUSTOMER NUMBER: _____

Signature

Date