

# R.G. MEDICAL SUPPLIES

ABN: 88 007 386 156

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VIC AUSTRALIA

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Email / Web

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www.rgmedical.com.au

We stock and supply a full  
range of medical  
consumables and  
equipment including:

Audiometers  
Autoclaves  
Blood pressure units  
Cast saws  
Cryosurgery equipment  
Diagnostic sets  
Dopplers  
Laryngoscopes  
Lights  
Nebulisers  
Plastic ware (autoclave)  
Pulse oximeters  
Sphygmomanometers  
Spirometers  
Stainless steel ware  
Sterilizers  
Stethoscopes  
Surgical instruments  
TENS units  
Thermometers  
X-Ray viewers  
and more

If there is a product that  
your looking for that we do  
not stock we will do our best  
to find it for you.

At R.G. Medical Supplies

'Service is our strength'

## APPLICATION FOR CREDIT ACCOUNT

Sole Trader  Partnership  Limited Company  Trust  Other \_\_\_\_\_

Details of Partners (if Partnership) or Details of Directors (if Limited Company)

1. Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

2. Full Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Trade Name: \_\_\_\_\_

Legal Name (if different from Trading Name): \_\_\_\_\_

Principle Doctor (if Business Trade account): \_\_\_\_\_

ABN: \_\_\_\_\_ ACN: (if applicable) \_\_\_\_\_

Business details will appear on your invoice, as well as the Principle Doctor, required by NSW Health regulations for orders containing scheduled items.

Date the business was established: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person for Accounts: \_\_\_\_\_

Contact Person for Ordering: \_\_\_\_\_

Name and Branch of Bank: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Backorders: Yes  No

I intend to purchase scheduled drugs: Yes  No  (if you intend to purchase scheduled drugs  
please supply a copy of your current medical board registration card, as stated in our terms and conditions, or the ordered drugs  
will not be supplied, these items include xylocaine and panadol in packs of 50 or more as well as all vaccines)

Trade References:

1. \_\_\_\_\_ Ph: \_\_\_\_\_

2. \_\_\_\_\_ Ph: \_\_\_\_\_

Maximum Monthly Credit Request: \$ \_\_\_\_\_

Do you wish to receive direct marketing offers (e.g "Specials" flyers): Yes  No

Due to new privacy laws we require your permission to send this marketing information; we will not give your details to a third party under any circumstances.

I certify that the above information is true and correct and that I am authorised to make this application for credit. In accordance with the Privacy Act I authorize any person or company to give information as may be required in response to credit inquires. I have read and understand the Terms and Conditions of trade of R.G. Medical Supplies which form part of and are intended to be read in conjunction with this Credit Application and agree to be bound by these conditions.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(Proprietor / Partner / Director / Authorised Signatory) Please circle one

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_