



**Biological Therapies** is a division of  
 Orthomolecular Medisearch Laboratories Pty Ltd  
 Suite 5, 20-30 Malcolm Road, Braeside VIC 3195  
 PO Box 702, Braeside VIC 3195, Australia

Tel +61 3 9587 3948  
 Fax +61 3 9587 1720  
 Email info@biol.com.au  
 Web biologicaltherapies.com.au

Biological Therapies

**Manufacturer of Sterile and Non Sterile Pharmaceuticals**

ABN: 99 006 897 856

## ACCOUNT APPLICATION FORM – Medical

**Business or Company Name:** \_\_\_\_\_  
 [if trading under a different name, give details under 'Trading Name' below]

**Business Address:** \_\_\_\_\_  
 [this is the address at which the business is registered, not the delivery address – include state and postcode]

**Business/Company Registration Number:** \_\_\_\_\_ **ABN:** \_\_\_\_\_ **ACN:** \_\_\_\_\_

**Trading Name:** [if different from the above] \_\_\_\_\_ **Date Bus. Established:** \_\_\_\_\_

**Indicate nature of business entity:** \_\_\_\_\_ **Business Web Address:** \_\_\_\_\_  
 [tick as applicable]

Registered Company:  Sole Trader/Partnership:  Govt. Dept.:  Other Corp. Entity:  Trust\*:

\* for Trusts: **Trustee Name:** \_\_\_\_\_ **ABN:** \_\_\_\_\_

**Principal Nature of Clinic:** \_\_\_\_\_ **Is the business registered for GST?** Yes:  No:   
 [e.g. General Practice, Nutritional Medicine, Cosmetic Medicine, IV Clinic, Day Procedures]

**Postal Address:** \_\_\_\_\_  
 [this is the address for all mail delivery, including invoices and notices – include state and postcode]

**Delivery Address:** \_\_\_\_\_  
 [this is the address for delivery of our products to you – this must be an address attended during normal business hours – include state and postcode]

**Details of at least one doctor responsible for consulting with patients and writing prescriptions:**

Name	Phone	AHPRA Number	Signature [use black or dark blue pen]
		MED	Please use black or dark blue pen
		MED	Please use black or dark blue pen
		MED	Please use black or dark blue pen

**Name/s of person/s authorised to place orders:** [if this changes, you must notify us in writing by mail, fax or email]

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Business Contact Details: Main Contact Name:** \_\_\_\_\_ **Position:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_ [please print very clearly]

**Accounts Payable: Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Accounts Payable: Email:** \_\_\_\_\_ [please print very clearly]

[In the case of a corporation, we may require the completion of a form with directors' names and addresses before opening the account]

**Normal Credit Terms: 14 days from invoice date**



**Biological Therapies** is a division of  
 Orthomolecular Medisearch Laboratories Pty Ltd  
 Suite 5, 20-30 Malcolm Road, Braeside VIC 3195  
 PO Box 702, Braeside VIC 3195, Australia

Tel +61 3 9587 3948  
 Fax +61 3 9587 1720  
 Email [info@biol.com.au](mailto:info@biol.com.au)  
 Web [biologicaltherapies.com.au](http://biologicaltherapies.com.au)

Biological Therapies

**Manufacturer of Sterile and Non Sterile Pharmaceuticals**

ABN: 99 006 897 856

**Trade References:** [must be businesses you have been doing business with]

Business Name	Address	Contact Name	Contact Phone No.

**Credit Enquiries, Credit Terms and Personal Properties Securities Register:**

I (the person executing below) warrant that I am authorised on behalf of the company/business listed on this application (**applicant**) to apply for credit and to agree to the Biological Therapies (**BT**) terms and conditions as set out below and as contained in its Terms of Trade. BT's Terms of Trade may be found on its website.

The applicant hereby authorises BT to conduct credit inquiries as may be deemed necessary to assess the credit worthiness of the applicant. The applicant warrants and certifies that the information in this application is accurate and correct as of the date of this application and the applicant shall promptly inform Biological Therapies of any changes in the information disclosed.

The applicant consents to BT disclosing and collecting credit-related payment performance information to and from a credit reporting body or other credit providers for the purposes of considering whether to provide credit to the applicant, managing the account with the applicant and collecting (or engaging any third party to collect) any overdue payments from the applicant.

The applicant is aware that BT Terms of Trade are Net 14 days from invoice date (**credit terms**). Payments must be received on or before the due date. At BT's discretion, BT may alter the credit terms and any **credit limit** at any time. Any change in credit terms or credit limit will be communicated by BT to the applicant in writing. Where either the credit limit approved by BT or credit terms are exceeded, the account will immediately be placed on hold until rectified. Failure to abide by the credit terms, credit limit or any conditions placed on these by BT can result in the termination of any credit privileges. Should the applicant fail to pay within these terms, the applicant agrees to pay all legal fees and other recovery costs incurred by BT associated with the collection of any amounts owing.

The applicant acknowledges and agrees that property in the products supplied by BT to the applicant does not pass to the applicant until the money owing for those products and all other money owing by the applicant to BT has been paid for in full by the applicant. This paragraph creates a security interest in all present and after-acquired goods and any proceeds as security for the applicant's obligations to BT. BT may register its security interests under the *Personal Property Securities Act 2009* (Cth) (**PPSA**) and the applicant agrees that BT is not obliged to give any notice, document or information under the PPSA unless it is mandated by the PPSA and the requirement cannot be excluded. BT may, at its discretion, require the applicant to execute a Retention of Title Deed Poll as a condition for BT to continue supplying goods to the applicant.

**Executed by the applicant described above by its authorised representative:** [use black or dark blue pen for signature]

**Name of Authorised Representative:** \_\_\_\_\_

**Title/Position of Authorised Representative:** \_\_\_\_\_

**Signature:** Please use black or dark blue pen \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**After completing and signing this form, either FAX it to 03 9587 1720 or scan and EMAIL it to: orders@biol.com.au**