

Credit Account Application

CREATE YOUR ACCOUNT

Full or Legal Name	
Trading Name	
Email Address	
Phone Number	
AHPRA #	
Address	
Account Email Address	
Account Phone Number	
ADD ANOTHER DENTIST TO YOUR ACCOUNT (To be invoiced under the same account)	
Dentist #1	
AHPRA #1	
Dentist #2	
AHPRA #2	

ADD ANOTHER CLINIC TO YOUR ACCOUNT

Full or Legal Name	
Trading Name	
Email Address	
Phone Number	
AHPRA #	
Address	
Account Email Address	
Account Phone Number	

TERMS OF TRADE

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within fourteen days.
3. By submitting this application, I confirm that I hold a valid APRAH registration.
4. By submitting this application, you are taken to have read and accepted the terms and conditions annexed herewith.
5. If signed by the owner/principal dentist you assume responsibility for all dentists listed on this application.

SIGNATURE