

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