

30 Day Credit Application

Please complete and email to info@geistlich.co.nz

BUSINESS INFORMATION	
Company Name:	NZBN:
Trading as (T/A):	
Trust Name (if applicable):	NZBN:
Business Type: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Government Department <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____ <input type="checkbox"/> Corporation	

BUSINESS ADDRESS & CONTACT INFORMATION		
Main Phone:	Website:	
Delivery Address		
Street Address:		
Suburb:	State:	Postcode:
Billing Address		
Street Address:		
Suburb:	State:	Postcode:
Main Contact (for orders)		
Name:	Phone:	
Position:	Email:	
Accounts Contact (for payments)		
Name:	Phone:	
Position:	Email:	

DELIVERY INFORMATION	
Opening Hours:	Special Delivery Instructions:

CLINICIAN INFORMATION		
Dentist Name:	Dental Reg.# / Date of Professional Registration	Speciality (GP/Perio/etc)
1	/	
2	/	
3	/	
4	/	
5	/	
How many implants are placed at your business per year? <input type="checkbox"/> < 20 <input type="checkbox"/> 20 - 49 <input type="checkbox"/> 50 - 150 <input type="checkbox"/> > 150		

BUSINESS & CREDIT INFORMATION

Nature of business:			
How long have you been at your current address?			
Credit limit requested (<i>enter estimate, equivalent to 2mths of orders</i>): NZ\$			
How do you intend to pay for your orders?	<input type="checkbox"/> BANK TRANSFER	<input type="checkbox"/> VISA/MASTERCARD 1.15%	<input type="checkbox"/> AMEX 1.95%

TRADE REFERENCES

Reference 1	Company Name:		
	Phone:	Email:	
	Street Address:		
	Suburb:	State:	Postcode:
	Type of Account:		
Reference 2	Company Name:		
	Phone:	Email:	
	Street Address:		
	Suburb:	State:	Postcode:
	Type of Account:		

TERMS & AGREEMENT ***Please read carefully and confirm below***

- All invoices are to be paid in 30 days from the date of the invoice.
 - Claims arising from invoices must be made within 7 working days.
- I confirm that I am the authorised business owner or have been authorised by the business owner to sign this account application form.
- I authorise Geistlich Pharma New Zealand Ltd. to make inquiries into the banking and business/trade references I have supplied.
- I confirm that the information set out in this form is correct and I consent to the possession and use of that information by Geistlich Pharma New Zealand Ltd.
- I have read and agree to the Geistlich Pharma New Zealand Ltd. **Privacy Policy**, available at: www.geistlich.co.nz
- I have read and agree to the Geistlich Pharma New Zealand Ltd. **Sales Terms & General Information**, available at: www.geistlich.co.nz

Signature: _____

Signature: _____

Full Name: _____

Full Name: _____

Position: _____

Position: _____

Date: _____

Date: _____

Contact Details:

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