

BUSINESS DETAILS

Trading Name: _____

Type Of Business: Pharmacy [] Health Food [] Beauty [] Other []

Other: _____

ABN: _____

Delivery Address: _____

Postal Address: _____

Telephone Number: _____ Facsimile Number: _____

Email Address: _____

Preferred Freight Carrier (country/interstate stores): _____

Account Number with Freight Company: _____

DIRECTORS/OWNERS/PARTNERS DETAILS

Name (1): _____

Address: _____

Telephone Number: _____

Name (2): _____

Address: _____

Telephone Number: _____

TRADE REFERENCES

Name: _____

Telephone Number: _____

Name: _____

Telephone Number: _____

Name: _____

Telephone Number: _____



ACCOUNT DETAILS

Store Manager: _____

Accounts Person: _____

Telephone Number: _____

Other Stores Owned: _____

Please forward (fax, post or email) a copy of your Business Registration Certificate and if a practitioner please forward a copy of your Accreditation Certificate.

OWNERS GUARANTEE

I/We, Owner(s) of the above business, agree that I/We shall jointly and severally be liable for the payment of all goods invoices and delivered to the above business. I/We shall immediately notify Ian Trevorrow Agencies Pty Ltd of any changes to the information supplied on this form. I/We authorise Ian Trevorrow Agencies Pty Ltd to check Trade References with the suppliers listed.

Accept/agree to Owner(s) Guarantee

Signed (1) _____ Date: _____

Signed (2) _____ Date: _____

PLEASE NOTE:

Terms & Conditions of Sale will be forwarded once your account has been approved. We ask that you read our Terms and Conditions carefully as you shall be deemed to abide by these terms and conditions.

ITA is committed to the protection of you personal information. A copy of our Privacy Statement will also be supplied for your inspection.

