

| Business contact information          |                                       |   |                                 |
|---------------------------------------|---------------------------------------|---|---------------------------------|
| Principal Doctor:                     |                                       | APHRA Registration Number:                  |                                 |
| Phone:                                |                                       | Accounts Payable Email:                     |                                 |
| Address:                              |                                       |   |                                 |
| City:                                 |                                       | State:                                      | Postcode:                       |
| ABN/ACN:                              |                                       | Company Name:                               |                                 |
| Business / Trading Name:              |                                       |   |                                 |
| Sole trader: <input type="checkbox"/> | Partnership: <input type="checkbox"/> | Limited liability: <input type="checkbox"/> | Other: <input type="checkbox"/> |

| Trade References     |                 |
|----------------------|-----------------|
| <b>Company name:</b> |                 |
| Contact name:        |                 |
| Address:             |                 |
| City:                | Postcode:       |
| Phone:               | Fax:            |
| Email:               | Account Number: |

|                      |                 |
|----------------------|-----------------|
| <b>Company name:</b> |                 |
| Contact name:        |                 |
| Address:             |                 |
| City:                | Postcode:       |
| Phone:               | Fax:            |
| Email:               | Account Number: |

| Ordering Information                                  |
|---|
| Ordering Contact Name:                                |
| Website Login Email / Ordering Contact Email Address: |
| <b>Permanent Delivery Instructions (If Any) :</b>     |
|   |

| AGREEMENT   |
|---|
| 1. All invoices are to be paid 30 days from the invoice date.   |
| 2. Any claims arising from invoices must be made within 14 working days of receipt of invoice.  |
| <b>BY SUBMITTING THIS APPLICATION, YOU AUTHORISE ORIEN DENTAL SUPPLIES TO MAKE INQUIRIES INTO THE BANKING AND BUSINESS/TRADE REFERENCES THAT YOU HAVE SUPPLIED.</b> |

| 3. DIRECTOR SIGNATURES |            |
|------------------------|------------|
| Title:                 | Title:     |
| Date:                  | Date:      |
| Signature:             | Signature: |