

Dentaurum Australia – Account Application

ABN: 79 055 919 787

Phone: 1300 880 782 | Fax: 1300 880 982 | Email: info@dentaurum.com.au

1. Account Details

Individual Name (including title) OR _____

Company Name _____

Trading Name _____

ABN _____

Postal Address _____

Delivery Address _____

State _____

Postcode _____

Phone Number _____

Fax Number _____

Email for Accounts (Invoices & Statements) _____

Email for Correspondence _____

Type of Business Orthodontic/General Practice Laboratory
 Other – Please specify:

2. Contact Persons / Directors / Partners

Primary Contact:

• Name: _____

• Position: _____

• Phone: _____

• Email: _____

Secondary Contact (if applicable):

• Name: _____

- Position: _____
- Phone: _____
- Email: _____

For more than 2 directors/partners, attach a separate list.

3. Trade References (required for credit applications)

	Supplier Name	Phone	Account Number
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

Cash sale suppliers are not accepted as references.

4. Bank Details

- Bank Name: _____
 - Branch: _____
 - Account Name: _____
 - BSB: _____
 - Account Number: _____
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5. Signatures (All Applicants Must Complete)

I confirm that I have read and accept the Dentaaurum Australia Pty Limited Terms and Conditions associated with this Account Application.

- Terms and Conditions: <https://shop.dentaaurum.com.au/page/2/general-terms-and-conditions>
- Returns & Credits Policy: <https://shop.dentaaurum.com.au/page/10/returns-exchange-credit>

⚠ Please note: Failure to tick these boxes will delay the opening of your account.

Name	Position	Signature	Date	Tick to Accept Terms
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>