



R.G. Medical Supplies Pty Ltd

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ACCOUNT APPLICATION REQUEST.

Please complete the required information and return via email to info@rgmedical.com.au or Fax 03 9720 6178 as soon as possible so we can ensure all details are correct and avoid any delays in processing your application.

Section 1: Business Details

Name (Company or Sole Trader):

ABN #

ACN #

Trading Name:

Phone Number:

Fax Number:

Postal Address:

State:

Post Code:

Delivery Address:

State:

Post Code:

Additional Delivery Addresses or Notes:

Section 2: Contact Details

Please advise the details for the e-invoices & e-statements

Accounts Payable Name:

Accounts Payable Phone Number:

Accounts Payable Email Address:

Purchasing / Nurse Name:

Purchasing Phone Number:

Purchasing Email Address:

Section 3: Confirmation of Relevant Licences & Registration

A copy of a current permit / licence must accompany this form for all delivery sites Pharmaceutical products cannot be supplied unless the below is completed

Wholesale Licence #

Date Issued

Expiry Date

Drug Licence / Permit #

Date Issued

Expiry Date

Principle Doctors Name:

AHPRA Certificate of Medical Registration #

DATE:

/ /

Date Issued

Expiry Date

Signature of applicant/authorised person:

Name of authorised person:

Please read our Terms and conditions carefully before signing your application.