

New Customer Application

Key Diagnostics Pty Ltd

ABN: 98 129 600 120

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www.keydiagnostics.com.au

PO Box 1038, Gymea NSW 2227

Unit 40a, 1-3 Endeavour Rd, Caringbah, NSW, 2229

**Please fill out details below, sign then return – email orders@keydiagnostics.com.au
First Order to be prepaid - Please notify us of details**

Company Trading Name _____

ABN: _____

	Ship to	Bill or Accounts to
Contact	_____	_____
Address	_____	_____
	_____	_____
	_____	_____
Phone No.	_____	_____
E-mail	_____	_____
Website	_____	_____

Type of products made _____
or business/service type

Authorised Signatures: any staff or specifically:

Print name

Signature:

Authorised signatures must be present on orders and orders will only be released by those authorised on this form.

Is a Purchase Order Number required for payment of invoice? Yes / No

If Purchase Order Number is required, please ensure that they are specified on all orders.

Retention of Title: Goods remain the property of Key Diagnostics Pty Ltd until payment is received in full. This invoice is subject to our "Terms & Conditions of Sale", available upon request or from our website. All invoices are on 14 day terms (unless otherwise arranged) and are sent with goods; no statements issued. A 20% Re-Stocking fee applies to prior-approved returned goods. Credit card payment is available. Our direct deposit details are listed below – please ensure that a remittance advice is sent with payment. We look forward to providing you with excellent products and service.

Bank: Commonwealth Bank, Parramatta NSW - BSB: 062 223 - Account: 1083 7248

Account Name: Key Diagnostics Pty Ltd

I have read the above and agree to its terms & conditions:

Print name _____ Sign _____ Date _____

Position _____

Internal Use: Industry Classification: Industrial / Clinical Pathology / Educational Institution / Sub Distributor / Supplier
State: _____ Sales Rep: _____ Freight: _____