

Clonal Technologies ACCOUNT APPLICATION FORM

Email to sales@clonaltech.com.au or FAX to 07 3859 2999

Legal Business Name					Trading Name (if different)															
Principals Name/s																				
Type of Business <small>(General Practice, Industry, Service Provider)</small>										ABN										
Please tick ✓	<input type="checkbox"/> Pty Ltd		<input type="checkbox"/> Ltd		<input type="checkbox"/> Sole Trader		<input type="checkbox"/> Partnership		<input type="checkbox"/> Trustee		<input type="radio"/> Other									
Business Delivery Address	Centre/Name				Street															
	Suburb					State			Post Code											
Postal Address (if different)	Street																			
	Suburb					State			Post Code											
Phone				Mobile				Fax												
Email																				
Contact Name for Ordering				Phone				Email												
Contact Name for Accounts				Phone				Email												

DIRECTORS DETAILS

Name (Director 1)				Phone & Mobile							
Address								Email Address			

Name (Director 2)				Phone & Mobile							
Address								Email Address			

DECLARATION: I/we have read the terms and conditions and privacy protection policy as shown at www.clonaltech.com.au under the "about us" tab. I/we agree to abide by these terms and conditions, in particular that all accounts will be paid within the agreed payment period. I/we will advise of any changes to these details in writing especially the principal medical doctor. I/We guarantee payment of any and all accounts for goods purchased from this company, together with any legal or out of pocket expenses associated with the collection of any outstanding monies. I/We understand this guarantee binds me personally. I/We understand that title of the goods supplied does not pass to the purchaser until the goods are paid for in full.
(See www.clonaltech.com.au for complete terms)

Name(s)				Date					
Signature(s)				Position(s)					



Clonal Technologies

Clonal Technologies Pty Ltd

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