Geistlich

30 Day Credit Application

Please complete and email to info@geistlich.co.nz

BUSINESS INFORMATION

Company Name:	**NZBN:**
Trading as (T/A):	
Trust Name (if applicable):	**NZBN:**

Business Type:
- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Corporation
- ☐ Government Department
- ☐ Other ____________________

BUSINESS ADDRESS & CONTACT INFORMATION

Main Phone:	**Website:**	
Delivery Address		
Street Address:		
Suburb:	State:	Postcode:
Billing Address		
Street Address:		
Suburb:	State:	Postcode:
Main Contact (for orders)		
Name:	Phone:	
Position:	Email:	
Accounts Contact (for payments)		
Name:	Phone:	
Position:	Email:	

DELIVERY INFORMATION

Opening Hours:	**Special Delivery Instructions:**

CLINICIAN INFORMATION

Dentist Name:	**Dental Reg.# / Date of Professional Registration**	**Speciality** (GP/Perio/etc)
1	/	
2	/	
3	/	
4	/	
5	/	

How many implants are placed at your business per year? ☐ < 20 ☐ 20 - 49 ☐ 50 - 150 ☐ > 150

NEW ACCOUNT FORM

Geistlich

BUSINESS & CREDIT INFORMATION

Nature of business:			
How long have you been at your current address?			
Credit limit requested *(enter estimate, equivalent to 2mths of orders)* : **NZ$**			
How do you intend to pay for your orders?	☐ **BANK TRANSFER**	☐ **VISA/MASTERCARD 1.15%**	☐ **AMEX 1.95%**

TRADE REFERENCES

Reference 1	Company Name:		
	Phone:	Email:	
	Street Address:		
	Suburb:	State:	Postcode:
	Type of Account:		
Reference 2	Company Name:		
	Phone:	Email:	
	Street Address:		
	Suburb:	State:	Postcode:
	Type of Account:		

TERMS & AGREEMENT *****Please read carefully and confirm below *****

1. All invoices are to be paid in 30 days from the date of the invoice.
2. Claims arising from invoices must be made within 7 working days.

☐ I confirm that I am the authorised business owner or have been authorised by the business owner to sign this account application form.

☐ I authorise Geistlich Pharma New Zealand Ltd. to make inquiries into the banking and business/trade references I have supplied.

☐ I confirm that the information set out in this form is correct and I consent to the possession and use of that information by Geistlich Pharma New Zealand Ltd.

☐ I have read and agree to the Geistlich Pharma New Zealand Ltd. **Privacy Policy,** available at: www.geistlich.co.nz

☐ I have read and agree to the Geistlich Pharma New Zealand Ltd. **Sales Terms & General Information**, available at: www.geistlich.co.nz

Signature: ______________________ Signature: ______________________

Full Name: ______________________ Full Name: ______________________

Position: ______________________ Position: ______________________

Date: ______________________ Date: ______________________

Contact Details:
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