



Medisure Limited

P.O. Box 308031, Manly, Auckland 0930
Freephone 0800 46 46 49 | Fax (09) 869 8692
sales@medisure.co.nz | www.medisure.co.nz

Opening an Account... fantastic, we look forward to doing business with you

First things first, we just need to get the paper work done.

Attached is our standard Account Application form - please complete and return to us so we can get things going.

Like most business' we want to keep things simple. So simply, the only thing we ask from you is that you pay your account on time.

Medisure may be new to the medical market, but the people behind the company are not. As the NZ Distributor of Olympus Voice (think digital recorders and smartphone Apps) and Camera products for over 30 years we are well suited to represent and distribute the KATSAN brand in New Zealand.

Our policy is to delivery the best product at the best price... with outstanding service.

Kind Regards

Dawn Riley
Managing Director
Medisure Limited

Customer Credit Application

Business Information	
(Applicant) Business Name:	
Structure: <input type="checkbox"/> Limited Liability <input type="checkbox"/> Sole Trader <input type="checkbox"/> Partnership <input type="checkbox"/> Other?	
Billing Address:	
City:	Post Code:
Shipping Address	
City	Post Code:
Phone:	E-mail:
Anticipated Monthly Spend: <input type="checkbox"/> Under \$500 <input type="checkbox"/> Over \$500 <input type="checkbox"/> Over \$1,000 <input type="checkbox"/> Over \$5,000	
In Business Since:	GST No:
Contact Details	
Main Contact Name:	
Relationship to Business: <input type="checkbox"/> Sole Owner <input type="checkbox"/> Shareholder <input type="checkbox"/> Manager <input type="checkbox"/> Other:	
Email:	Mobile:
Accounts Contact:	
Email:	Mobile:
Business / Trade References	
Co Name:	Co Name:
Location:	Location:
Trading Terms:	Trading Terms:
Contact Person:	Contact Person:
Title:	Title:
Phone:	Phone:
E-mail:	E-mail:

Agreement

- All invoices are to be paid on due date; due date being the agreed payment terms on which your account is established i.e. 10 Day Invoice, 21 Day Invoice or 20th of the Month following.
- By submitting this application, you authorise Medisure Limited to make inquiries to the Trade References provided.

By signing this document, I state that the above information is true and correct and that I am duly authorised to enter into this agreement on behalf of the applicant.

SIGNATURE

DATED

Print Name:

Title: