



How to Access:

Supply of Medical Gases From Coregas Pty Ltd

1. Complete the Coregas Account Application Form as included on pages 2-3
2. Contact Coregas customer service by telephone 1800 807 203
3. Set up an account with Coregas by completing and returning the enclosed application form
4. You will need to order one (1) of the following medical gas solutions (based on your clinic setup);

FOR A MOBILE TROLLEY SYSTEM:

You will need to order the following:

- At least one (1) Medical Oxygen Cylinder – (D-Size)
Coregas product reference: 202110
- At least one (1) Medical Nitrous Oxide Cylinder– (D-Size)
Coregas product reference: 368110

FOR A PLUMBED SYSTEM:

You will need to order the following: (Larger size E cylinders can be used as they have a greater capacity and are more economical, but are too heavy and bulky for mobile trolley use.)

- At least one (1) Medical Oxygen Cylinder – (E-Size)
Coregas product reference: 202122
 - At least one (1) Medical Nitrous Oxide Cylinder – (E-Size)
Coregas product reference: 368123
5. Please organise for delivery of the gases before or at the same time as delivery of RA system.

12801
Leon Gritter
October 31, 2014

Ritter Dental AUSTRALIA
Gritter Dental Pty Limited
Unit 29, 55-59 Norman Street Peakhurst NSW 2210
PO Box 30 Mortdale NSW 2223

Phone (02) 9153 6700
Fax (02) 9153 6677
Email: office@ritterdental.com.au
ABN 54 129 241 167

Estimated monthly purchases (\$)	
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I / We make application on My / Our / The Company's behalf to open a credit account with Coregas Pty Ltd ABN 32 001 255 312 (hereinafter called "The Seller") for the supply of products and services on credit in accordance with the Terms and Conditions of Supply of the Seller attached to this application.

1. APPLICANT (hereinafter called "The Buyer")

Company / applicant's name			
Trading name (if different to above)			
ABN	Registration number of trading name		
Accounts contact name	Accounts contact telephone		
Address	State	Post code	
Postal address	State	Post code	
Registered office address (for private or public company only)	State	Post code	
Telephone (business hours)	Telephone (after hours)		
Facsimile	Email		
Nature of business	How long established		
Applicant is a subsidiary / division of (only if applicable)			

The following section should only be completed if you are anything other than a public company

Business premises (check one box only) <input type="checkbox"/> Owned <input type="checkbox"/> Rented / Leased <input type="checkbox"/> Buying	If rented agent's name	Agent's address	State	Post code
Value of property owned (\$)	Value of plant and equipment (\$)	Mortgages (\$)	Lease or hire purchase (\$)	
Nominal capital (\$)	Paid up capital (\$)	Inc. date		

2. TRUSTEE INFORMATION

Please indicate whether the company is a trustee for any trust which will be associated with trading with the Seller <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", what is the full name of the trust?
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3. PREVIOUS RELATIONSHIP WITH COREGAS

Has the applicant or any associated company or person traded with the Seller in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes", under what name?
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4. BANKING DETAILS

Name of trading bank	Branch	BSB	Bank account number
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5. TRADE REFERENCES

Reference 1 name	State	Telephone	Facsimile
Reference 1 name	State	Telephone	Facsimile
Reference 1 name	State	Telephone	Facsimile
Reference 1 name	State	Telephone	Facsimile

Privacy statement: Coregas is committed to ensuring that information we hold about you is securely held and that your confidentiality is protected. If you have any questions relating to the Coregas company policy and privacy issues, please phone 1800 807 203.

6. APPLICANT WARRANTY AND INDEMNITY

6.1. The Applicant warrants that the information in this application is correct and that should there be any change in the circumstances of the Applicant with respect to any matters disclosed by the Applicant in this letter, the Applicant will notify the Seller in writing giving details of that change within fourteen (14) days of that change occurring.

6.2. The Applicant acknowledges that it has read, understood and accepted that:

- (i) The Seller may disclose to a business which provides information about credit worthiness of persons ("Credit Reporting Agency") personal information about the Applicant's credit application.
- (ii) If the Seller considers it relevant to assessing the Applicant's application for commercial credit, the Applicant, or where the Applicant is a company, each director of the Applicant, consents to the Seller obtaining a credit report containing information about the commercial activities or commercial credit worthiness of the Applicant, or if applicable any of its directors named herein, from a Credit Reporting Agency.
- (iii) If the Seller considers it relevant to assessing the Applicant's application for commercial credit where the Applicant is a company, the Applicant consents to the Seller receiving from a Credit Reporting Agency a credit report containing personal information about any of the directors of the Applicant; and
- (iv) The Applicant agrees that the Seller may give to, and seek from any credit providers named in this credit application and any credit providers that may be named in a credit report issued by a Credit Reporting Agency, information about the Applicants, and where the applicant is a company its directors', credit arrangements. The Applicant understands that this information may include any information about the Applicants and if the applicant is a company, its directors' credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to give or receive from each other under the Privacy Act.

To enable this commercial credit application to be processed, a **director** or an **authorised signatory of the applicant** (if a company) or an **individual who is a proprietor** must complete and sign the following:

Surname		First name (including any middle name)	
Date of birth		Drivers licence number	
Present residential address		State	Post code
Previous residential address		State	Post code

I confirm that I have read and understand the above.

Signature	Date
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ALL APPLICANTS SHOULD COMPLETE THE FOLLOWING:

I / We certify that all information given on this application is true and correct as at the date of the application and given on the understanding that the Seller shall rely on it when considering this application, and that the signatories to this application are authorised to sign on behalf of the Applicant.

I / We confirm that I / We have received a copy of the Coregas Standard Terms and Conditions, which is also available on the Coregas website, and agree that if credit is granted any sale of goods by the Seller to the Applicant will be governed by those terms and conditions. Coregas Standard Terms and Conditions will change periodically.

I / We confirm having read and understood Coregas Standard Terms and Conditions and that I / We have had the opportunity to obtain, and where necessary have obtained, independent legal or financial advice on the Coregas Standard Terms and Conditions and this application.

Signature	Print name
Title / position	Date

Coregas Customer Service 1800 806 972 | Fax (02) 9794 2235 | Email creditmail@coregas.com

SALES REP USE ONLY

Full name of rep	Date	Estimated monthly value
State code <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Supply branch <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Invoice class code <input type="checkbox"/> x2340a <input type="checkbox"/> x2340d
Sales area <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Turnover group (if applicable) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Turnover category <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
FC code <input type="checkbox"/> NSW (0) VIC (1) QLD (2) SA (3)	CT no. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	

CREDIT DEPARTMENT USE ONLY

Credit Manager approved <input type="checkbox"/> Y <input type="checkbox"/> N	Signature	Date
Account opened <input type="checkbox"/> Y <input type="checkbox"/> N	Customer number <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Signature <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Post Code