

Please complete all fields in capital letters and ensure you sign this form before returning. Please fax or email your completed application to CH2 accounts department.

This account is non transferable without the prior written consent of CH2. It is the responsibility of the Customer to notify CH2 of any changes of ownership 14 days prior to any such change.

Customer Details

| | | | |
|------------------------------|--------------------------|-------|--|
| Company name | | | |
| Trading name | | | |
| ABN | | ACN | |
| Contact Name | | | |
| Contact Role | | | |
| Phone | | Email | |
| Acting as trustee of a trust | <input type="checkbox"/> | | |

Postal & Delivery Details

| | | | |
|---|--|--------------|--|
| Postal Address | | | |
| Town/Suburb | | | |
| State | | Postcode | |
| Contact Name | | Contact Role | |
| Business Phone | | Fax | |
| <input type="checkbox"/> Tick if postal address is the same as delivery address | | | |

Delivery Address

| | | | |
|----------------|--|--------------|--|
| Town/Suburb | | | |
| State | | Postcode | |
| Contact Name | | Contact Role | |
| Business Phone | | Fax | |

Director/Partner/Sole Trader

| | | | |
|------------------|--|--------|----------|
| Contact Name | | DOB | |
| Personal Address | | | |
| Town/Suburb | | State | Postcode |
| Drivers License | | Email | |
| Phone | | Mobile | |

Director/Partner/Company Secretary

| | | | |
|------------------|--|--------|----------|
| Contact Name | | DOB | |
| Personal Address | | | |
| Town/Suburb | | State | Postcode |
| Drivers License | | Email | |
| Phone | | Mobile | |

Key Contacts - to help us make sure the right person gets information

| Accounts / Statements | Invoices (If different to accounts) | Business & Marketing Updates |
|-----------------------|-------------------------------------|------------------------------|
| Name | Name | Name |
| Role | Role | Role |
| Email | Email | Email |
| Phone | Phone | Phone |

CH2 Direct Ordering (account setup)

| | |
|-------|--|
| Name | |
| Role | |
| Email | |
| Phone | |

CH2 Link (access setup)

| | |
|-------|--|
| Name | |
| Role | |
| Email | |
| Phone | |

Delivery Status Updates

| | |
|----------|--|
| Name | |
| Email | |
| Mobile | |
| Landline | |

Nature of Business (please tick)

| | |
|---|--|
| <input type="checkbox"/> Public Hospital | <input type="checkbox"/> S 94 Hospital Pharmacy |
| <input type="checkbox"/> Day Surgery | <input type="checkbox"/> S 90 Community Pharmacy |
| <input type="checkbox"/> Private Hospital | Pharmacy Applications |
| <input type="checkbox"/> Medical Centre | Only - S90 PAN (Pharmacy |
| <input type="checkbox"/> Dental | Approval Number) |
| <input type="checkbox"/> Allied Health | <input type="text"/> |
| <input type="checkbox"/> Community | |
| <input type="checkbox"/> Aged Care | |
| <input type="checkbox"/> Other (please specify) | _____ |

Trading Terms

Please estimate your monthly spend

| | |
|---|--|
| <input type="checkbox"/> <\$1,000\$ | <input type="checkbox"/> 1,000-\$5,000 |
| <input type="checkbox"/> \$5,000-\$10,000 | <input type="checkbox"/> >\$10,000 |

Please tick which Trade Credit Facility you wish to apply for

Cash Account: all orders must have confirmation of payment before dispatch.

Direct Debit:

Bank account – Direct transfer from nominated bank account on the 4th of each month and receive 0.5% discount off your balance.

Credit account – Direct payment from nominated credit card on the 4th of each month and receive a 0.9% + GST discount in our merchant fee.

Trading Account:

S90 Community Pharmacy (Retail Pharmacy Customer); 25 day credit facility, all invoices due and payable 25 days from end of month.

All other Trading Accounts; 30 day credit facility, all invoices due and payable from invoice date.

Other _____

Please tick which CH2 services you would like to receive

Access to our online ordering platform - CH2 Direct

Access to our electronic invoice portal - CH2 Link

CH2 will send relevant promotional offers, operational communication and other information to nominated contacts.

I do not want to receive promotional offers from CH2

Application for access to schedule products

Practitioner Registration to obtain scheduled product.

To obtain scheduled products a current Drugs & Poisons Permit or Licence or AHPRA registration or Veterinary Certificate MUST accompany this application for all delivery sites.

Do you wish to purchase scheduled drugs? Yes (please state which schedule) _____ No

Do you wish to purchase alcohol based products? Yes No

If YES, please provide details of valid and current permit/licence/registration/certificate.

Name on paperwork Signature
 Type Number: Expiry date

CH2's Terms and Conditions of Sale

By signing this Application, the Customer:

- requests CH2 to enter into the trading account selected in the Trading Terms section of this application (**Trade Credit Facility**); and
- acknowledges that by initiating the use of the Trade Credit Facility that they have been given the opportunity to read CH2's Terms and Conditions of Sale available at www.ch2.net.au/contact/terms-conditions (**Terms and Conditions of Sale**);
- acknowledges that CH2 recommends that the Customer read the Terms and Conditions of Sale and discuss any terms that they do not understand with a CH2 representative or an independent advisor before signing;
- agrees and accepts that each order forms a separate contract that will be governed by the Terms and Conditions of sale; and
- acknowledges that CH2 may vary its Terms and Conditions of Sale from time to time; and
- accepts and agrees to be bound by the obligations of the Customer under the Terms and Conditions of Sale that are applicable on the date of a relevant order being placed by the Customer with CH2.

Customer Declaration and Agreement to CH2's Terms and Conditions

The Customer agrees that:

CH2 may seek consumer credit information (Section 18K(1)(b) Privacy Act 1988):

- If CH2 considers it relevant to assessing the Customer's application for commercial credit, the Customer agrees to CH2 obtaining from a credit reporting agency a credit report containing personal credit information about me/us in relation to commercial credit provided by CH2.

CH2 may exchange information with other credit providers (Section 18N(1)(b), Privacy Act 1988):

- The Customer agrees to CH2 obtaining personal information about it from other credit providers, whose names the Customer may have provided to CH2 or that may be named in a credit report, for the purpose of assessing this application.

CH2 may obtain a consumer credit report to collect overdue payments on commercial credit (Section 18K(1)(h), Privacy Act 1988):

- The Customer agrees that CH2 may obtain a consumer credit report about it from a credit reporting agency for the purpose of collecting overdue payments relating to commercial credit owed by the Customer.

Director 1

Signature
 Full name
(Please print)
 Drivers License
 Date

I am the sole director and company secretary of the Customer

Director 2/Company Secretary (if applicable)

Signature
 Full name
(Please print)
 Drivers License
 Date

Partnership

Signature
 Full name
 of partner
(Please print)
 Driver's License
 Signature
 of witness
 Name of
 witness
 Address
 of witness
 Date

Authorised Company Representative

Signature
 Full name
(Please print)
 Role
 Date

Sole Trader

Signature
 Full name
(Please print)
 Driver's License
 Signature
 of witness
 Name of
 witness
 Address
 of witness
 Date

Guarantee

In consideration of CH2 agreeing to supply or continuing to supply goods and services on credit to the Customer named above, each guarantor named below (**Guarantor**) unconditionally and irrevocably guarantees to CH2 the due and punctual payment of all debts and monetary liabilities, including without limitation, any money which may become payable by the Customer to CH2 under any Trade Credit Facility granted by CH2 to the Customer (the **Guaranteed Money**). If the Customer does not pay any of the Guaranteed Money on time, CH2 may make a written demand to each Guarantor, or any of them, to immediately pay the Guaranteed Money (or any part of it).

As a separate obligation, each Guarantor agrees to indemnify CH2 against any claim, action, loss, damage, liability, cost, expense, outgoing or payment suffered, paid or incurred by CH2 in relation to the non-payment or non-recovery of the Guaranteed Money, or as a result of any breach by the Customer of CH2's Terms and Conditions of Sale.

Each Guarantor hereby agrees with CH2 that the above guarantee and indemnity (the **Guarantee**) are absolute, unconditional and irrevocable and shall be continuing obligations of each Guarantor, and each Guarantor's obligations and liabilities are not affected or released by any circumstance, act or omission, including:

- a. the failure of any other person named as a Guarantor to execute this Guarantee;
- b. any variation of the Terms and Conditions of Sale or any other terms upon which the goods and/ or services are supplied to, or paid for by, the Customer;
- c. an increase in the amount of Guaranteed Money;
- d. the fact that any credit was provided by CH2 or any related body corporate before this Guarantee was signed;
- e. the death, liquidation or bankruptcy of the Customer or the Guarantor;
- f. changes in the membership, name or business of a firm, partnership, committee or association, or the Customer; and
- g. the granting of any time, waiver, credit, indulgence and/or concession to the Customer.

If another Guarantor signs this Credit Application, each Guarantor's obligations are joint and several and each Guarantor's obligations shall continue until all amounts payable by the Customer have been paid.

Attention: Intending Guarantors warning please read

By signing this Customer Account Application the Guarantor:

- a. agrees to be bound by the Guarantee above, all other provisions of this Customer Account Application and CH2's Terms and Conditions of Sale (as applicable and relevant to that Guarantee);
- b. acknowledges that the Guarantor has been given an opportunity to read CH2's Terms and Conditions and that CH2 encourages the Guarantor to do so;
- c. understands that the Guarantor can refuse to sign this document;
- d. understands that there are financial risks involved in signing this document (for example, it may become necessary for the Guarantor to sell its assets so that the guarantor can pay CH2);
- e. declares that it has obtained legal and financial advice as necessary or if it has not obtained such advice, declares that does not regard any such advice as necessary and prefers to proceed without it; and
- f. declares that it is fully aware of the nature of and risks in signing this Customer Account. Application and is signing it voluntarily.

Guarantor 1

Signed, Sealed and Delivered as a Deed by the Guarantor in the presence of:

| | | | |
|-------------------------|----------------------|------------------------------------|----------------------|
| Signature | <input type="text"/> | Signature of Witness | <input type="text"/> |
| Name (Block Letters) | <input type="text"/> | Name of Witness (Block Letters) | <input type="text"/> |
| Driver's License | <input type="text"/> | Address | <input type="text"/> |
| Date | <input type="text"/> | Date | <input type="text"/> |

Guarantor 2

Signed, Sealed and Delivered as a Deed by the Guarantor in the presence of:

| | | | |
|-------------------------|----------------------|------------------------------------|----------------------|
| Signature | <input type="text"/> | Signature of Witness | <input type="text"/> |
| Name (Block Letters) | <input type="text"/> | Name of Witness (Block Letters) | <input type="text"/> |
| Driver's License | <input type="text"/> | Address | <input type="text"/> |
| Date | <input type="text"/> | Date | <input type="text"/> |

Guarantor 3

Signed, Sealed and Delivered as a Deed by the Guarantor in the presence of:

| | | | |
|-------------------------|----------------------|------------------------------------|----------------------|
| Signature | <input type="text"/> | Signature of Witness | <input type="text"/> |
| Name (Block Letters) | <input type="text"/> | Name of Witness (Block Letters) | <input type="text"/> |
| Driver's License | <input type="text"/> | Address | <input type="text"/> |
| Date | <input type="text"/> | Date | <input type="text"/> |

FOR OFFICE USE ONLY

| | | | | | | | |
|------------------|----------------------|-----------------------------|----------------------|-------------------------|----------------------|-------------------|----------------------|
| Branch | <input type="text"/> | Shipping Warehouse | <input type="text"/> | BDM | <input type="text"/> | Customer type | <input type="text"/> |
| AR Group Code | <input type="text"/> | Pricing - General/Medical | <input type="text"/> | Pricing | <input type="text"/> | Web Customer Type | <input type="text"/> |
| Pricing - Pharma | <input type="text"/> | Pricing - Contract - 13 | <input type="text"/> | Pricing - Contract - 14 | <input type="text"/> | | |
| Backorders (Y/N) | <input type="text"/> | CH2 Direct - CH2 link (Y/N) | <input type="text"/> | Freight (Y/N) | <input type="text"/> | Cold Chain (Y/N) | <input type="text"/> |