

## Customer Account Agreement

This policy applies to all sales of product by Healthezone Pty Ltd to customers who have credit arrangements. Healthezone Pty Ltd reserves the right to amend this policy at any time.

### CUSTOMER PAYMENT METHODS

Direct Deposit (EFT details provided on all Tax Invoices)

Cheque or Money Order

MasterCard or VISA accepted

No excess charge on orders paid prior to delivery

Orders On Credit Terms; 2% fee applied to invoice total if paid via credit card within 30 days

### TRADING TERMS

Successful applicants will receive 30 days trading terms from date of invoice. If within a further 5 business days after the due date the invoice has not been paid, interest will be charged at 8% per annum from the due date.

Overdue accounts will be placed on hold & no further order will be fulfilled until the account has been settled.

In the event the overdue account is passed on to a collection agency, the customer will be liable for all related costs.

All goods remain the property of Healthezone Pty Ltd until payment has been received in full.

### RETURNS

Please contact our customer service team on 03 9699 2882 (within 7 days of receipt of goods) in the event of damaged, incorrect or short supplied orders.

Please e-mail (sales@healthezone.com.au) or phone 03 9699 2882 for an RA# (Return Authorization Number) prior to returning goods.

Returns must include original packaging and all relevant product information. In some cases, a photo of the damaged goods/packaging will be required. Upon receipt of goods and approved inspection, a credit will be applied to your account.

Address for returns:

Returns Dept

Healthezone Pty Ltd

486 City Road

South Melbourne Vic 3205

### WARRANTIES

Healthezone Pty Ltd warrants that any product sold will be free from defects in workmanship and material under normal use for the warranty period associated with each product. This warranty does not apply when, in Healthezone Pty Ltd's opinion, a defect has been caused by careless or improper handling, by non-adherence to operating instructions or by fair wear and tear.

I agree and accept the above terms

Customers Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

# healthezone

Sales +61 3 9699 2882

Healthezone Pty Ltd ABN 84 110 529 470 P.O Box 430 Port Melbourne VIC 3207 Australia  
P +61 3 9699 2882 F +61 3 9699 3880 E sales@healthezone.com.au W www.healthezone.com.au

## Application For Monthly Credit Account

Applicant Company: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
ABN: \_\_\_\_\_ Trading Name: \_\_\_\_\_

### BILLING ADDRESS

Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_

### DELIVERY ADDRESS (Only complete if different from billing address)

Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Type of Business: \_\_\_\_\_ Year Established: \_\_\_\_\_

## Owner & Main Contact

Owner Name: \_\_\_\_\_  Owner  Partner  Director

### PRIVATE ADDRESS

Address: \_\_\_\_\_  
Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_  
State: \_\_\_\_\_ Country: \_\_\_\_\_  
Phone: \_\_\_\_\_ Drivers Licence No: \_\_\_\_\_  
Main Contact Name: \_\_\_\_\_ Position: \_\_\_\_\_

## Credit References

Company Name #1: \_\_\_\_\_ Account No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Fax: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company Name #2: \_\_\_\_\_ Account No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Fax: \_\_\_\_\_ Phone: \_\_\_\_\_  
Company Name #3: \_\_\_\_\_ Account No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Fax: \_\_\_\_\_ Phone: \_\_\_\_\_  
Anticipated Monthly Purchases: \$ \_\_\_\_\_ Customers Signature: \_\_\_\_\_

Should my application for credit be approved, I/We undertake to settle my/our account on a regular basis - terms 30 days from date of invoice. **Please note : Initial orders require upfront payment prior to delivery.**

# health@zone

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