

PHARMACY & HOSPITAL CUSTOMER ACCOUNT APPLICATION

Name of Business: _____

Incorporated Name: _____

Delivery Address: _____

Post Code: _____

Postal Address: _____

Post Code: _____

Owner(s) Name: _____

Contact Name: _____ Position: _____
(for ordering)

Contact Name: _____ Position: _____
(for accounts)

Phone 1: _____

Fax: _____

Phone 2: _____

Email: _____

Other information useful to this application: _____

Preferred Timeband: _____

Automatic Back Ordering Facility:

Dispensary

☐

Release to like orders

☐

OTC/ Sundry

☐

Release to any orders

☐

Release in timeband only

☐

Ethical Outer Pack Rounding:

☐ Yes – Please automatically round my ethical outer pack quantities

OTC / Retail Rounding:

☐ Yes – please automatically round my OTC order quantities of 2 to 3

☐ Yes – please automatically round my OTC order quantities of 4 and 5 to 6

Second Source From Other Branch - Christchurch: No ☐ or Ethical only ☐ or Ethical & OTC ☐

OWNERSHIP / RISK

- (a) Risk in any goods supplied by CDC passes when the goods are delivered to the customer.
- (b) Ownership is retained by CDC until full payment is made for the goods and for all other goods supplied by CDC.
- (c) While any moneys are outstanding to CDC the customer grants CDC the free and uninterrupted right to enter their premises during normal business hours to uplift any goods which have been delivered to the customer by CDC.
- (d) The customer agrees CDC can charge interest at CDC's average borrowing rate on any outstanding or overdue amounts.

PERSONAL PROPERTY SECURITIES ACT 1999 ('PPSA')

- (a) The customer acknowledges and agrees that the ownership/risk clause above creates a security interest in present and after acquired goods and inventory supplied by CDC including the proceeds of goods supplied. The customer further acknowledges that CDC retain a security interest in the shares, accrued dividends and rebate entitlements referred to in these terms of trade.
- (b) The customer shall provide all information necessary for CDC to register a perfected first ranking security interest under the PPSA.
- (c) The customer acknowledges they have waived their rights to receive a copy of any verification statement under the PPSA or any other confirmation related to any security interest created by these provisions, and will have no rights under the following sections of the PPSA: 114(1) (a); 116; 120(2) & 121.

PAYMENT TERMS

- ☐ I agree to the payment terms of 20th month following invoice
(I understand late payment may result in my foregoing some discounts and being placed on "stop supply")

ACCEPTANCE OF TERMS

I/We have read, understood and accept these terms and conditions.

Name/s: PRINT _____

Signature/s: _____

Date: ____ / ____ / ____

Pharmacy Stamp

Payment can be made by:

- ☐ Direct Debit – form enclosed (preferred)
- ☐ Cheque – made out to CDC Pharmaceuticals Limited
(Post to PO Box 14 036, Harewood, CHRISTCHURCH 8544)
- ☐ Paid via electronic banking **on or before 20th month**
CDC Pharmaceuticals Limited, BNZ, Sydenham
Account Number: **02 0828 0022728 000** Please use your **Account Number** as a reference