

MSR ACCOUNT APPLICATION FORM
 EMAIL TO MEDICAL@MEDSURG.COM.AU OR FAX TO 07 3859 2999

Legal Business Name					Trading Name (if different)					
Principal Doctor/s Name/s										
Type of Business (General Practice, Medical Specialist, Dentist, Pharmacy)					ABN					
Please Tick	Pty Ltd	Ltd	Sole Trader	Partnership	Trustee	Other:				
Business Delivery Address	Medical Centre/ Practice Name:									
	Address:					State:	Postcode:			
Postal Address (if different to above)	Suburb:					State:	Postcode:			
	Phone:			Mobile:			Fax:			
Email:										
Contact Name for Ordering:				Mobile:			Email:			
Contact Name for Accounts:				Mobile:			Email:			

DIRECTORS DETAILS

Name (Director 1):				Mobile & Phone:						
Home Residential Address:						State:	Postcode:			
Name (Director 2):				Mobile & Phone:						
Home Residential Address:						State:	Postcode:			

SCHEDULED PRODUCTS (S2-S8 Drugs) To purchase pharmaceuticals, vaccines and local anaesthetics etc we are required by law to have an authorized person's name, signature and <i>a copy of their current Medical Board of Australia Certificate of Registration included with this account application (Mandatory).</i>									
I hereby declare that I am authorised (Doctor, Dentist, etc.) to obtain and have in my possession scheduled drugs as is necessary for the practice of my Profession. I declare that my registration is current and that in the event of any change I will promptly notify Medical and Surgical Requisites Pty Ltd. Please note in accordance with the Health (Drugs and Poisons) Regulations 1996 it is an offence for an unauthorised person to order/obtain scheduled items (S2, S3, S4, S8). It is also an offence for MSR to supply scheduled items to a person/s who is unauthorised to order/obtain them.									
YES, I intend to purchase scheduled drugs. Name:				Signature:			(Mandatory) AHPRA Registration Number:		

DECLARATION: I/we have read the terms and conditions and privacy protection policy as shown at www.medsurg.com.au under the "about us" tab. I/we agree to abide by these terms and conditions, in particular that all accounts will be paid within the agreed payment period. I/we will advise of any changes to these details in writing especially the principal medical doctor. I/ We guarantee payment of any and all accounts for goods purchased from this company, together with any legal or out of pocket expenses associated with the collection of any outstanding monies. I/We understand this guarantee binds me personally. I/We understand that title of the goods supplied does not pass to the purchaser until the goods are paid for in full. Your login and password is considered your signature under section 14 of the Electronic Transaction (Queensland) Act 2001 and will be used to satisfy division 3 section 61, division 2 section 56,57,58 and Part 3, 48,51,52 of the Medicine and Poisons (Medicines) Regulation 2021. (See www.medsurg.com.au for complete terms)

Name(s):				Date:					
Signatures:				Position(s)					



Medical and Surgical Requisites Pty Ltd

Call within Brisbane 07 3859 2900 33 Fulcrum Street Richlands Queensland 4077 www.medsurg.com.au
 Phone 1300medsurg (1300 633 787) Email medical@medsurg.com.au Fax 07 3859 2995

