

# Momentum Health Technologies

6/28 Thynne St  
Bruce ACT  
2617 Australia

Hours of Operation  
Mon-Fri  
8:30am – 5:00pm (AEDT)

T: (02) 62100060  
F: (02) 61470239  
E: info@momentumht.com.au



## Account Application

### Company Details

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Postal Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Business Structure:  Company  Partnership  Sole Trader  Government

ABN: \_\_\_\_\_ No. of Employees: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Email: \_\_\_\_\_

### Trade References

1. Company Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

2. Company Name: \_\_\_\_\_

Account No.: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

### Company Principles/Authorised Delegates

1. Name: \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_

2. Name: \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_

By signing below, the applying company and its directors/delegates agree: 1. That the information contained within this document is true and correct; 2. To pay, when due, all invoices from Momentum Health Technologies Pty Ltd., late payment may incur interest charges at a rate of 11% pa. calculated daily; 3. That In the event of default of payment, all costs of collection, including legal costs, shall be paid by the company principles and/or delegates; 4. Authorisation is granted to Momentum Health Technologies Pty Ltd. to investigate any references listed on this document for the purposes of establishing the financial responsibility of the applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date