

Customer Setup Form

Legal Entity Name			
Trading Name			
ABN/NZBN			
Registered Trading Address (PO Box not accepted)			
End-User Ship To Address (if different from above)			
Postal Address or PO Box			
Accounts payable contact		Phone number	
Email			

Ownership Type

- Sole Trader DOB: _____
- Partnership
- Private Company
- Public Company
- Trust (Pls complete Trustee Acknowledgement)
- Other _____

Facility Type

- Hospital
- Clinic
- Practitioner
- Nursing Home
- Other _____

Will you be the end user of GEHC product/service?

- End Customer
- Non-End Customer (Dealer)

Name of Parent Organisation, if applicable

Are you a 100% Government owned entity?

- Yes No

In the event of our credit check further security may be required.

We, the undersigned, authorise GE Healthcare (GEHC) to make enquiries as to the credit and financial standing of the applicant and/or the directs/partners of the applicant as required by GEHC from time to time, including obtaining reports from Credit Reporting Agencies in accordance with Part IIIA of the Australian Privacy Act 1988 (Cth) and New Zealand Credit Reporting Privacy Code and make enquiries of persons nominated as business referees and bankers of the applicant, and the applicant authorises all such information sources to disclose to GEHC information concerning the applicant which is requested by GEHC.

We also certify that the information provided on the application is true and correct. If the credit is extended the undersigned entity agrees as follows:

Customer Signature		Date	
Customer Name			
GE Healthcare Account Manager Signature		Date	

Trustee Acknowledgement

This acknowledgement is to confirm that the customer in this case is to be the Customer acting in its capacity as trustee, of the designated trust. The customer in this case should be _____, acting in its capacity as trustee of _____ Trust.

The trust has been properly formed by creation of a trust deed document and the trust deed confers the power for the trustee to enter into the proposed transaction with GE Healthcare.

Please fax completed form to GE Healthcare OTR Department

New Zealand +64 9 353 6701
 Radiology/Ultrasound +61 2 9638 7004
 LCS +61 2 9846 4762

