

SECTION 4 – TRADE REFERENCES

BUSINESS NAME	CONTACT NAME	CONTACT NUMBER
1.		
2.		
3.		

ACCEPTANCE OF TERMS AND CONDITIONS (OWNER/DIRECTOR TO SIGN)

1. I/we have read and understand and agree to be bound by MATRIX DENTAL SERVICES PTY LTD's Terms and Conditions.
2. I/we covenant that the information supplied in this application is true and correct.
3. I/we acknowledge full payment of invoices is strictly due within thirty (30) days EOM.
4. I/we acknowledge that in the event of default, interest may be charged at the Penalty Interest Rate plus 2%, and in the event where an overdue account is referred to a collection agency and/or solicitors, I/we will be liable for all legal costs on the indemnity basis, whether incurred by us or by the collection agency and in the event where the collection agency charges commission, the commission which would be charged if it achieves 100% recovery shall be added to the debt and the total shall be treated as a liquidated debt.

Signed by:Print Name:.....
(sign and print full name(s))

Witnessed by:Print Name:.....

Date:



MATRIX
DENTAL SERVICES