

ACCOUNT APPLICATION FORM

Please fill out all required fields below and email us the following documents at gorgeousgouriau@gmail.com

CUSTOMER ACCOUNT DETAILS

NAME OF AUTHORISED DR/INJECTOR

AHPRA / MEDICAL PROVIDER NUMBER

PHONE

EMAIL

DR/INJECTOR TYPE: DOCTOR ☐

NURSE PRACTITIONER ☐

REGISTERED NURSE ☐

DRIVER'S LICENSE NO.

CLINIC NAME

ABN

CLINIC PHONE

CLINIC EMAIL

CLINIC
ADDRESS

POST CODE

INVOICING

Same as above ☐

PERSON RESPONSIBLE FOR ACCOUNT PAYMENT

INVOICING
ADDRESS

POST CODE

PHONE

EMAIL

DELIVERY

Same as above ☐

PERSON AUTHORISED TO PLACE ORDERS

DELIVERY
ADDRESS

POST CODE

PHONE

EMAIL

MEDICAL PRACTITIONER DETAILS

NAME OF AUTHORISED PRESCRIBING PRACTITIONER

PRESCRIBING PRACTITIONER TYPE:

DOCTOR ☐

NURSE PRACTITIONER ☐

AHPRA NUMBER

PRESCRIBING
COMPANY

PLEASE EMAIL US
or attach in Website:

A copy of the medical practitioner's Medical Registration issued by AHPRA.

PRESCRIBING PRACTITIONER EMAIL

PHONE

DATE

PRESCRIBING PRACTITIONER SIGNATURE

PLEASE READ AND COMPLETE THE NEXT PAGE

TERMS OF SALE

1. Terms of Agreement Between the Seller and Buyer

The Seller extends an offer to sell the Products to the Buyer under the terms outlined in this Delivery Docket. Upon the Buyer's acceptance, either by taking delivery of the Products or making payment of the Invoice, the resulting Contract shall come into effect, superseding any prior agreements related to the sale of the Products.

2. The Buyer acknowledges and agrees that:

- The Seller's primary business is the sale of goods and does not involve providing advice or service.
- The Buyer has thoroughly assessed the suitability of the Products for their intended use and is satisfied with their appropriateness.
- The Buyer has had the opportunity of examining product information and instructions supplied by the manufacturer of the Products, including the material supplied by the Seller (which is supplied in good faith and in the belief that it is accurate) and the material available on the manufacturer's website; and
- The Buyer is obligated to strictly adhere to all manufacturers' instructions for the proper use of the Products. Please note that all other products may be returned for credit under the following conditions: (a) The stock is in a suitable condition for resale, without any damage including packaging, and (b) The stock is not within 12 months of the expiry date. A handling fee of 20% will apply. Return freight is at the buyer's expense.

3. The Buyer represents and warrants that:

- The Buyer is either a legally qualified medical practitioner authorized to use the products or an entity under the control of such a qualified individual; and
- The Buyer will not supply the Products to any person other than patients who are being treated with the Products.

4. Ownership and Risk

The Seller retains ownership of the Products until full payment of the price, even if the Products have been delivered to the Buyer. The risk associated with the Products transfers to the Buyer upon delivery, and the Buyer assumes responsibility for any loss or damage to the Products thereafter.

5. Pricing and Payment

The payment option is T/T in advance, and the product will be shipped after payment is confirmed.

6. Delivery Arrangements

Strict adherence to delivery times is not mandatory. Delivery will be completed within a reasonable timeframe following the specified delivery time.

7. Buyer's Indemnification

The Buyer is required to indemnify and release the Seller from any losses, damages, or liabilities incurred by the Seller due to any breach of this Contract or negligence on the part of the Buyer, its employees, or agents. This includes individuals who are in control of the Buyer, where the Buyer is an entity and not a legally qualified medical practitioner practicing plastic surgery.

8. Buyer's Record-Keeping Responsibilities

The products are registered under the Therapeutic Goods Act and Regulations. Therefore, the Buyer is obligated to:

- Keep records of the storage and usage of the products that meet the requirements set by the regulatory authorities.
- Maintain adequate records to facilitate the identification and location of each patient who receives treatment with the products.
- Inform the Seller of any incidents or events that suggest the Products may not have performed as anticipated.

9. Buyer's Responsibility to Obtain Informed Consent from Patients (if applicable)

The Buyer is required to obtain informed consent from any patient who undergoes treatment with the Products.

10. Limitation of Liability

Under no circumstances shall the Seller be liable or held accountable to the Buyer for:

- Any amounts owed by the Buyer to patients treated with the Products, whether in the form of damages or otherwise; or
- Any loss of income or profit incurred by the Buyer, irrespective of whether such amounts become payable, or losses result from a breach of this Contract by, or negligence on the part of, the Seller.

11. Jurisdiction

This Agreement and any claim or issue relating to "the Products" shall be governed by the laws of NSW. These Terms of Use or any legal action relating to the Site shall be brought within one (1) year after the claim or cause of action arises. Through the use of this Site, the User irrevocably consents to the jurisdiction and venue of NSW for any claim or proceeding arising out of or in connection with the Site.

If any provision of these Terms of Service is determined to be illegal, invalid, or unenforceable, that provision shall nevertheless be deemed enforceable to the fullest extent permitted by applicable law and the unenforceable portion shall be deemed to be severable from these Terms of Service, and such determination shall not affect the validity and enforceability of the other remaining provisions.

DECLARATION OF AUTHORISED PERSON

By signing below, I the Director/ Partner and/or Practitioner understand that:

- You are authorizing the creation of this account in your name, as the authorized Medical Practitioner for this clinic;
- The Authorized Person is responsible for the order, supply and administration (as applicable) of product;
- I will not permit any other people other than those identified on this application to order, receive, store, use, supply, administer or dispose of the Therapeutic Goods except to the extent that I am permitted to do so by applicable laws;
- I must provide proof of AHPRA registration to the company as and when requested;
- As a Medical Practitioner, the delivery address stated on this form is your current place of practice;
- Invoices for the delivery of product will be issued under your name at this clinic's address;
- All deliveries will be addressed to myself the Authorized Person associated with the account;
- Distribution of Therapeutic Goods will never be to domestic dwellings, always the licensed premises;
- It is the responsibility of the prescribing clinician to advise the company immediately if there are any changes in regard to your clinic details or clinics for which you are listed as the prescribing nurse/doctor.
- The information provided within this application is true and accurate;
- You agree that you are appropriately authorized and insured, and will comply with all applicable Federal & State territory laws and regulations and these are supplied to you on the basis that you will do so;
- I acknowledge that I have received proper training in the correct use of the product, including handling procedures and potential side effects that may arise. I confirm that I am fully informed about the safe and effective use of the product through the provided training session.

I have read and understood the Terms and Conditions and obtained independent legal advice in relation to my obligations under the Indemnity provided under this Agreement.

CUSTOMER NAME

DATE

SIGNATURE

Please email us or Attach the files on Website :

- A completed and signed the account application form
- A copy of your Medical Registration issued by AHPRA and Driver's License
- A copy of the prescribing practitioner's Medical Registration issued by AHPRA

No product will be supplied until this form is completed, signed and returned with a copy of all relevant supporting documentation. A full scanned copy of the registration and/or license issued by the applicable authority is required to enable account setup and verification in accordance with legislation. Please note that an AHPRA or equivalent website screenshot is not appropriate evidence of registration.