

NEW ACCOUNT APPLICATION FORM

Please ensure both pages are filled and correct before sending through to Warner & Webster
Please complete and email to newaccounts@warnerwebster.com.au or fax to 02 8832 3751

Account Name:	
Full Legal Entity Name: <i>If different from Account Name</i>	
Owner Name: <i>If different from Legal Entity Name</i>	
Australian Business Number:	
Practitioner's Name: <i>If different from Account Name</i>	
Practitioner's AHPRA Registration: <i>Or poisons permit details</i>	
Contact Name:	
Phone Number:	
Main Email Address:	
Fax Number:	
Warner & Webster Account Manager: <i>Leave blank if unknown</i>	

Billing Address

Postal Address:			
Suburb:		State:	
		Postcode:	
Accounts Payable Email: <i>If different from main email address</i>			
Invoice Email: <i>If different from Accounts Payable</i>			

Shipping Address

If different from Billing Address

Street Address: <i>Sorry, no PO Boxes or Parcel Lockers</i>			
Suburb:		State:	
		Postcode:	

Online Ordering System

Web Ordering Email:	
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By providing an email address for our online ordering system, you undertake that only employees authorised to place orders will be provided with online ordering username and password.

Signature:		Date:	
Name:		Position:	

Scheduled Account Application Form – November 2021

For further information

Phone: 1300 556 917 | Fax: 02 8832 3751 | Email: newaccounts@warnerwebster.com.au

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SCHEDULED LINES REQUEST

*Please note: This page of the form must be signed by the Practitioner or by the person named on the permit as responsible for overseeing compliance with the legislation personally.
Failure to complete this form correctly will result in a delay in setting up your account.*

In order for this request to be processed you must send through:

- This page completed in full, sign and date by the practitioner, pharmacist, or poisons licence/permit holder
- A copy of your AHPRA registration or licence/permit to obtain relevant scheduled drugs

If this has been provided for another account, please advise the account number: _____

***Copies of AHPRA registrations printed from the website cannot be accepted unless signed by the practitioner.
Medicare Provider Numbers are not acceptable evidence.***

I _____ (Your Name), authorise Warner & Webster Pty Ltd to supply Schedule 2, Schedule 3, and Schedule 4 products to the account _____ (Account Name), in line with the Poisons Licence requirements.

I am authorised to purchase scheduled medicines as requested above and confirm that all information provided is true and accurate. I also confirm my authority has NO current restrictions, notations or reprimands.

(If your authorisation contains restrictions, notations or reprimands, please list and attach them on a separate page).

Authorised Practitioner Signature:			
Authorised Practitioner Name:		Date:	

Confidentiality

It is understood and agreed to that the below identified discloser of confidential information may provide certain information that is and must be kept confidential. To ensure the protection of such information, and to preserve any confidentiality necessary under patent and/or trade secret laws, it is agreed that:

The information collected in this form will be handled in compliance with the Australian Privacy Principles as well as the Privacy Act 1988, the Health Records Act 2001, and other relevant legislation.

For more detailed information, consider our privacy policy available online at:

www.warnerwebster.com.au/Content/Documents/ww-privacy-policy.pdf

