Consignment order form



Account Number:									
Clinic Name:									
Suburb:									
State:							Postcode:		
Clinic Contact:									
Date Ordered:					Required By	y:			
Packaging required Yes No ** Please note - Packaging will not be sent unless requested									
Part number	Device o	description		Qty	Colour	Comm	ents		
	Total nu	mber of device	es						
Part number	Accesso	ory description	1		Qty	Comm	ents		
	Total nu	mber of acces	corioc						
Additional information		ilibel of acces	Soffes						
Units are on consignment for			Return date			Unitron Sales Representative			
Internal use only:									
SAP order number		Date entered		MD approval			GCC approval		

Consignment order form



Clinic consignment agreement

This agreement is between [clinic name]	Account number	
(herein referred to in this document as The Customer) and Unitron Australia.		

The Agreement

This agreement is entered into for the purposes of allowing access to hearing devices for the purposes of demonstration, trial or assessment by consumers or personnel employed by The Customer with the intent of promoting Unitron hearing devices for sale to consumers.

Terms and Conditions

- 1. All product and accessories that are on loan during this period are the responsibility of The Customer and although The Customer may choose to relay that responsibility to the consumer borrowing the product and/or accessories, ultimately all losses or damage must be made good by The Customer.
- 2. Devices on loan are listed in the order form accompanying this agreement.
- 3. Due to demand for this service, Unitron Australia may withdraw stock from this clinic to supply needs elsewhere. In such circumstances at least 30 days notice will be given to The Customer.
- 4. All consignment orders will be processed and shipped to The Customer within 10 working days of receiving signed agreement.
- 5. Any consignment stock that is outstanding with The Customer as of 90 days (without approved extension) will be invoiced to The Customer.

Please tick this box to agree to the above terms and conditions.

Signed by The Customer
Name:
Signature:
Date:
Signed by Commercial Director
Name:
Signature:
Date: