

Pharmacy Partnership

Please note: When referring you to professionals in the pharmacy industry (accountants, solicitors, lenders etc) we encourage you to seek out other professionals during your due diligence. We do not receive referral fees or have arrangements with anyone or any company we may suggest to you. You need to be totally at ease with your final decision when engaging a professional., particularly as you are responsible for any costs you incur in engaging those professionals for their services. Thanks.

Contact Details

Title *

Title

Given name(s)

Surname

Email Address *

Contact Number *

Address *

Street Address

Suburb

State

Postcode

Your Requirements

The type or size of the pharmacy you select may not suit your budget. Don't be concerned. Once you provide us with all the information requested, we'll arrange a suitable time to discuss your requirement and work out a budget and make suggestions.

Type of Pharmacy *

- Small
 Medium
 Large

Are you looking for a branded pharmacy? *

- Yes
 No

Preferred States *

- Australian Capital Territory
 New South Wales
 Northern Territory
 Queensland
 South Australia
 Tasmania
 Victoria
 Western Australia

Preferred Areas

Suburbs or areas within states

About you

Your experience *

Please provide as much background as you can

Do you own/paying off a property? *

- Yes
 No

Do you have cash? *

- Yes
 No

Have you discussed your borrowing capacity with a lender? *

- Yes
 No

Do you wish an introduction to professional health lender/brokers? *

- Yes
 No

Do you have an accountant? *

- Yes
 No

Do you wish an introduction to professional pharmacy accountant? *

- Yes
 No

Do you have a solicitor? *

- Yes
 No


Is your solicitor experienced in partnership contract? *

- Yes
 No

Do you wish an introduction to specialist partnership solicitor? *

- Yes
 No

IMPORTANT:

The  symbol means that you need to provide supporting documents. This form and the supporting documents can be sent to us using the following methods.

Scan and Email to - greg.aspeling@gaps.solutions
Post to: PO Box 335, Main Beach Qld 4211