

ACCOUNT APPLICATION

CREDIT ☐

CASH ☐

COMPANY ☐

PARTNERSHIP ☐

SOLE TRADER ☐

COMPANY NAME _____ A.B.N. NUMBER _____

TRADING NAME _____ YEAR COMMENCED _____

TYPE OF BUSINESS _____ ESTIMATED MONTHLY SPEND _____

POSTAL ADDRESS _____

DELIVERY ADDRESS _____

WEBSITE _____ EMAIL _____

PHONE _____ MOBILE _____

PURCHASING CONTACT _____ PHONE / MOBILE _____

EMAIL _____

ACCOUNT CONTACT _____ PHONE / MOBILE _____

EMAIL _____

WORKSHOP CONTACT _____ PHONE / MOBILE _____

EMAIL _____

BUSINESS PREMISES OWNED ☐ LEASED ☐ RENTED ☐

REGISTERED OFFICE _____

BANK & BRANCH _____

DIRECTOR _____ ADDRESS _____

SIGNATURE _____ PHONE _____

DIRECTOR _____ ADDRESS _____

SIGNATURE _____ PHONE _____

I/We clearly understand that credit facilities if granted, are for payment 30 DAYS NETT.

I/We undertake to pay all accounts by the due date and if the account becomes overdue,
I/We understand that supply will be stopped until the account is brought within our terms of trade.
Note: Accounts paid with Creditcard will incur a surcharge.

PRINT NAME : _____ POSITION : _____

SIGNATURE : _____ DATE : / /