

ACCOUNT APPLICATION FORM

Date: ____/____/____

Company Name: _____

Trading As: _____

ABN: _____ Nature of Business: _____

Please tick appropriate:

- | | |
|--|---|
| <input type="checkbox"/> Sole Trader | <input type="checkbox"/> Public Company |
| <input type="checkbox"/> Proprietary Company | <input type="checkbox"/> Partnership |

In support of this application, I/we supply the following information know by the customer to be true and correct

Registered Address:

Suburb: _____ State: _____ Postcode: _____

Delivery Address:

Suburb: _____ State: _____ Postcode: _____

Postal Address:

Suburb: _____ State: _____ Postcode: _____

Date business commenced: ____/____/____

Period under current management: _____

Site Telephone :(_____) _____ Site Fax: (_____) _____

Mobile: _____

Email: _____

Expected purchases over 14 days (one period) \$ _____

Contact for Account queries: _____ Position: _____

Accounts Email Address: _____

Contact for Account queries Telephone: (_____) _____