



NEW ACCOUNT / CREDIT APPLICATION

PLEASE FILL OUT THE FORM BELOW AND FAX TO +61-8-82216355

TRADING NAME

NUMBER OF YEARS TRADING UNDER PRESENT OWNERSHIP

TRADING ADDRESS

PHONE NO. ()

FAX NO. ()

POSTCODE

COMPANY NAME

ABN NO.

BANK DETAILS

ACCOUNT NAME

NAME OF BANK

BRANCH

BSB NO.

ACCOUNT NO.

OWNERS/DIRECTORS INFORMATION

NAME

PRIVATE ADDRESS

POSTCODE

HOME PHONE NO. ()

DRIVERS LICENSE NO.

TRADING REFERENCES

NAME

ADDRESS

PHONE NO.

1.

2.

ACKNOWLEDGEMENT AND PERSONAL GUARANTEE

I consent to the information in this application being used by way of references and/or credit reporting during the duration of this account and my signature acknowledges this understanding. I undertake any change of ownership.

I guarantee payment of any and all accounts for goods purchased by the above company together with any legal personal representatives of the company or out of pocket expenses associated with the collection of any outstanding monies.

FULL NAME (PRINT)

SIGNATURE

DATE