

**NEW ACCOUNT/CREDIT APPLICATION FORM**

Business Name \_\_\_\_\_  
 \_\_\_\_\_  
 Type of Business \_\_\_\_\_  
 Buyer's name \_\_\_\_\_  
 Trading Address \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
 Mobile \_\_\_\_\_  
 Number of years \_\_\_\_\_  
 Trading under this name \_\_\_\_\_  
 Email address \_\_\_\_\_

ABN# \_\_\_\_\_  
 Sole Trader  Registered Company   
 Partnership  Please tick one.  
 Name of Registered Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
 Mobile \_\_\_\_\_

**BANK, BRANCH & ACCOUNT NO.** \_\_\_\_\_

**OWNER'S or DIRECTOR'S INFORMATION**

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Home Add: \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_  
 Drivers Licence No. \_\_\_\_\_

Name: \_\_\_\_\_  
 DOB: \_\_\_\_\_  
 Home Add: \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode \_\_\_\_\_  
 Phone ( ) \_\_\_\_\_  
 Drivers Licence No. \_\_\_\_\_

**TRADING REFERENCE**

Please provide the names, addresses and phone numbers of 5 current references

	Name	Address	Phone:	Fax:
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

**ACKNOWLEDGEMENT**

I undertake to advise of any change of ownership and  
 I agree to the conditions of sale

Date \_\_\_\_\_  
 For and on Behalf of \_\_\_\_\_  
 Print Name \_\_\_\_\_

Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Company/Secretary/Director

Delete which is inapplicable

**PERSONAL GUARANTEE** I/We note that the conditions of sales have been explained to us by the Supplier. I/We guarantee payment of any and all accounts for goods purchased by the above Company/business together with any legal personal representatives of the company/business or out of pocket expenses associated with the collection of any outstanding moneys. Goods remain the property of the Supplier till paid in full. I/We understand this guarantee binds me personally.

Date \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Company Director \_\_\_\_\_  
 Witness \_\_\_\_\_  
 Print Name \_\_\_\_\_

Date \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Print Name \_\_\_\_\_  
 Company Director \_\_\_\_\_  
 Witness \_\_\_\_\_  
 Print Name \_\_\_\_\_

For Office use only	Approved	Limit	1 <sup>st</sup> Order	Rep.			
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