



Trading Name: _____

Registered Company Name: _____

Type of Business: Limited Company Partnership Sole Trader

Nature of Business: _____

Period Trading Under Present Owners: _____ Years

Telephone: _____ Residential: _____

Fax: _____ Mobile: _____

Name and Address of Directors/Partners:

Surname: _____ First Name: _____ Date of Birth: _____ Address: _____

Postal Address:

Box No / Street Address: _____ Town/Suburb: _____ City: _____ Post code: _____

Delivery Address:

Street Address: _____ Town/Suburb: _____ City: _____

Accountant:

Name: _____ Address: _____

Bank: _____ Branch: _____

Trade Credit References: State Name, Town, Phone Number & Contact. (3 Minimum)

1/ _____

2/ _____

3/ _____

4/ _____

Maximum amount of credit Required \$ _____ Is an order number Required? YES/NO

Contact name for Account Queries: _____

Email Address: _____ Phone number: _____

I confirm that I am duly authorized officer of the company and the information supplied on this form is true and accurate to the best of my knowledge.

(Please print full name) _____ Signed _____

Position: _____ Date _____

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