30 DAY CREDIT ACCOUNT APPLICATION FORM



4/6 Hammer Court, Hoppers Crossing Vic 3029 P.O. Box 4488 Hoppers Crossing 3029 Ph: 03 9369 6277 Fax: 03 9360 9588

Company Name:	A.B.N. 55 065 2/6 /99		•••••
Trading As:			•••••
ABN No:			
Direcor(s) Name:			
Address:			•••••
Phone No:	Fax No:	Email:	
Business Address		••••••	•••••
Postal Address:			
Type of Business: Estimated Credit Requirement	 :		•••••
Contact Person:			
Telephone No:	Fax No:	Email:	••••••
TRADE REFERENCES:]
COMPANY NAME	PHONE NUMBER	FAX NUMBER	
1			
2			
3		,	
Bank:	branch	account no.	
I/we certify to the best of my/our knowledge and belief that the above information which has been supplied for the purpose of obtaining credit, is true and correct and agree to pay for all the purchases on 30 day net trading terms			
SIGNITURE:			
TITLE.			