



893 Princes Hwy, Springvale 3171.
 PO Box 75, Dingley, Victoria. 3172.
 Phone: (03) 9518 1000 Fax: (03) 9518 1010
 ABN: 39 122 487 325

Registered Company Name: _____

Trading Name: _____ ABN: _____

Business Address: _____

Postcode: _____

Postal Address: _____

Postcode: _____

Telephone Number: _____ Fax Number: _____

Email Address: _____

Internet Address: _____

Accounts Payable Contact Name: _____ Telephone: _____

Despatch Contact Name: _____ Telephone: _____

Commencement Date: _____ Closing Time: _____

Monthly Spend (Estimate): \$ _____

Trade References (Please list three (3) Companies as Trade References)	Phone No.	Fax No.
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

APPLICATION FOR CREDIT

I/We acknowledge that I/we have received a copy of the Conditions of Carriage and the Privacy Consent and understand and accept to all terms and conditions. The information supplied is true and correct.

 Name in Block letters Signature

 Position Date

OFFICE USE ONLY

Sales Representative: _____
 (Signature)

ACCOUNT TR / CC / NIL ACCOUNT APPROVED: YES / NO

FINANCIAL CONTROLLER: _____ DATE: _____