



Account Application

1. IF A COMPANY, please complete:

COMPANY TRADING NAME:	
DATE OF INCORPORATION:	
REGISTRATION OFFICE:	
BUSINESS ADDRESS:	
POSTAL ADDRESS:	
STATE:	POST CODE:
TYPE OF BUSINESS:	
COMPANY ACN:	
BUSINESS ESTABLISHED: Years	
PAID UP CAPITAL \$	
PHONE No:	FAX No:
DIRECTORS NAMES AND PRIVATE ADDRESSES:	
Name:	
Address:	
Name:	
Address:	
Name:	
Address:	

2. IF NOT A COMPANY (a sole trader or partnership), please complete:

TRADING NAME OF PARTNERSHIP:
Proprietor(s) or Partner(s) Name(s) and Private Address(es):
Name:
Address:
Name:
Address:
Name:
Address:
BUSINESS ADDRESS:
POSTAL ADDRESS : STATE:.....
POST CODE:
TYPE OF BUSINESS:
TELEPHONE:
BUSINESS ESTABLISHED: Years
UNDER PRESENT PROPRIETOR: Years

3. BANKERS AND ACCOUNTANTS

NAME	ADDRESS
BANK:
SOLICITORS:
AUDITORS/ACCOUNTANTS:

4. BUSINESS REFERENCES: (Please submit names of credit suppliers, no financial institutions)

NAME:	NAME:
TOWN:	TOWN:
TELEPHONE:	TELEPHONE:
NAME:	NAME:
TOWN:	TOWN:
TELEPHONE:	TELEPHONE:

5.

1. Are business premises owned or leased?
If owned approx. equity:
2. If leased, how long has the lease to run?
Number of Employees:

6.

Do you hold an ABN?
Number:
Name of accounts payable:
Anticipated monthly purchases:

7. Accounts Payable

Contact Name:
Phone Number:
Fax Number:
Email: