

Pakaflex Pty Ltd 43-45 Progress Street Dandenong South, VIC. 3175 (03) 9703 7800

## **APPLICATION FOR TRADING ACCOUNT**

| GENERAL BUSINESS INFORMATION   | ON   |                           |
|--|--|---------------------------|
| Company name:  |  |                           |
| Trading name:  |  |                           |
| ABN/ACN  | □ Partnership                                    | ☐ Sole Proprietor         |
| Date company established? Is the company acting as a trustee?                            | <ul><li>☐ Public Company</li><li>☐ Yes</li></ul> | ☐ Private Company☐ No     |
| Street address:  |  |                           |
| Postal address:  |  |                           |
| Telephone:   |  |                           |
| Email:   | Website:   |                           |
| Type of business:  |  |                           |
| ACCOUNTS PAYABLE INFORMATA Accounts Payable Contact name: Email for invoices/statements: |  |                           |
| Accounts payable phone:  |  |                           |
| FULL NAMES OF AT LEAST TWO   | PARTNERS, DIRECTORS                              | OR PROPRIETORS            |
| Name:  | Position:  |                           |
| Address:   |  |                           |
| Name:  | Position:  |                           |
| Address:   |  |                           |
| TRADE REFERENCES   |  |                           |
| 4  | Tali   | F                         |
| 1<br>2   | Tel:<br>Tel:                                     |                           |
| 3  | Tel<br>Tel:                                      | r ax<br>_Fax <sup>.</sup> |

## STATEMENT BY APPLICANT FOR COMMERCIAL CREDIT

I/we agree to the terms of trade being that the first order is a C.O.D payment, all subsequent orders will be on an account subject to credit approval.

I/we agree that Pakaflex Pty Ltd may seek from any credit providers named in this credit application information about my/our credit arrangements and credit history.

I/we also acknowledge that payment shall be made no later than the 30th day after end of month purchase and agree to pay all debt collection expenses incurred in the event of default of payment.

I/we also acknowledge that the title to the goods supplied does not pass until such time as settlement is made in full.

| Applicants name: | Position: |
|------------------|-----------|
| Signature:       | Date:     |

## **APPLICATION SUBMISSION**

Please fax completed application to fax (03) 9703 7899