

APPLICATION FOR TRADING ACCOUNT

GENERAL BUSINESS INFORMATI	ON	
Company name:		
Trading name:		
Partnership Sole Pro	oprietor	
Date company established? Is the company acting as a trustee?		Private CompanyNo
Street address:		
Postal address:		
Telephone:	Fax:	
Email:	Website:	
Type of business:		
DELIVERY INFORMATION Delivery address: (include any speci	al instructions)	
ACCOUNTS PAYABLE INFORMA	TION	
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:		
Address:		
TRADE REFERENCES		

1	Tel:	Fax:	
2	Tel:	Fax:	
3	Tel:	Fax:	

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 20th 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: +61 (3) 9703 7899