



Account Application Form

Date:

Applicant

Company Name:	A.C.N.:	*
Trading Name:	A.B.N.:	*
Delivery Address:		*
Postal Address:		
Telephone:	Fax:	
Email:	Website:	

Directors / Proprietors (Full Names & Private Addresses)

Name:	Telephone:
Private Address:	State: Postcode:
Name:	Telephone:
Private Address:	State: Postcode:
Has any Director Or Partner ever been Bankrupt? YES / NO	
Type of Business:	Established:
Do you use official orders? YES / NO	Monthly Credit Required: \$

Contacts:

Accounts:	Position:	Telephone:
Orders:	Position:	Telephone:
Other:	Position:	Telephone:

Current Trade References:

1	Telephone:
2	Telephone:
3	Telephone:

Trading Terms (please select one)

<input type="checkbox"/> C.O.D	<input type="checkbox"/> Within 7 Days From Invoice Date
<input type="checkbox"/> Within 14 Days From Invoice Date	<input type="checkbox"/> Within 30 Days From Invoice Date

IN CONSIDERATION OF Washroom Supplies providing of a credit account, **I/WE AGREE** that account will be paid within terms stated above; to pay any reasonable collection expenses incurred; that this agreement is deemed to be made at Burton in the State of South Australia; that delivery of goods to our premises is at our risk. **IT IS FURTHER AGREED** that title of the goods ordered shall not pass until full payment for them has been made and the ownership of the goods shall remain with Washroom Supplies Pty Ltd who reserves the right to dispose the goods to satisfy any debts owing. **I/WE ACKNOWLEDGE** that information appearing on this application for credit is true and correct in every particular.

Signature:	Witness' Signature:	Date:
Full Name:	Witness' Name:	
Witness' Address	State:	Postcode: