

30 day account application

CONDITIONS: We will render a monthly statement and require you to settle your account in full within 30 DAYS from the date of statement. Any amount in dispute is to be advised ASAP after receipt of invoice / statement.

PERSONAL INFORMATION

Company name: _____ ACN: _____

Registered trading name: _____ ABN: _____

Street address: _____ Postcode: _____

Postal address: _____ Postcode: _____

Phone no: _____ Mobile: _____ Fax no: _____

Email address: _____

Would you like invoices and statements to be emailed to this address? Y / N

Credit required per month: _____ Order required Y / N

Type of business: _____ Period established: _____ years

Previous business (if any): _____

CURRENT CREDIT REFERENCES (three required)

1. Name: _____ Address: _____

Phone: _____ Fax: _____

2. Name: _____ Address: _____

Phone: _____ Fax: _____

3. Name: _____ Address: _____

Phone: _____ Fax: _____

DETAILS OF ALL DIRECTORS / PARTNERS (business addresses & PO Boxes not accepted)

1. Name: _____ Residential address: _____

Phone: _____

2. Name: _____ Residential address: _____

Phone: _____

3. Name: _____ Residential address: _____

Phone: _____

I declare that the information provided above is correct.

Print name: _____ Signature: _____

Position: _____

Please email this form to accounts@hiredepot.com.au or send via fax: (03) 9885 7149.