

## 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.

### BUSINESS 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: \_\_\_\_\_ Purchase order required: Y  N

Type of business: \_\_\_\_\_ Period established: \_\_\_\_\_ years

Previous business (if any): \_\_\_\_\_

### AUTHORISED TO HIRE

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Position: \_\_\_\_\_

### CURRENT CREDIT REFERENCES (three required)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Residential address: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Residential address: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Residential address: \_\_\_\_\_

**I declare that the information provided above is correct.**

Print name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_

**Once completed please email this form to [scott@hiredepot.com.au](mailto:scott@hiredepot.com.au).**

When service matters.  
**hiredepot.com.au**

HIREDEPOT PTY LTD | ABN: 45 118 177 790

**GLEN IRIS**  
70 High St  
9885 4431

**FAIRFIELD**  
323 Darebin Rd  
9499 9955

TRADING HOURS: Mon-Fri: 7am-5pm | Sat: 7:30am-1pm