



Address: 6 Mercedes Drive,
Thomastown, Vic 3074.

Ph: (03) 9464 0330 Fax: (03) 9464 0313

A.C.N. 007 454 524 A.B.N. 78 007 454 524

Account Application Form

Date:

Company Details Individual Sole Trader Trust Partnership Company Other

Company legal name:

Trading Name (if different from above):

Postal Address:

Postcode:

State:

Billing Address:

Postcode:

State:

Phone No:

Mobile No.

ABN:

Date Established:

Delivery Address:

Purchasing Details

Purchasing Contact:

Purchasing email:

Purchasing Phone:

Purchasing Mobile No.

Account Details

COD

Account Contact:

Account email address:

Account Phone:

Mobile No.

Statement's email address:

Invoices email address:

Notwithstanding credit given for the price of the goods, the seller shall be entitled to retain possession thereof until payment is made in full. Our trading terms are strictly **COD**, if you agree to these terms and wish to purchase goods, please sign below and forward to our office.

Signature: _____

Full Name: _____