

APPLICATION FOR 14 DAY TRADING ACCOUNT

TRADING NAME _____

Address _____

_____ Postcode _____

Telephone _____ After Hours _____ Facsimile _____

REGISTERED BUSINESS NAME _____

Address _____

_____ Postcode _____

Telephone _____ Facsimile _____

Email Address/es _____

NATURE OF BUSINESS _____ ABN _____

SERVICE CONTACT NAME _____ Position _____

ACCOUNTS PAYABLE CONTACT _____ Telephone _____

PTY

LTD

TRUST

SOLE TRADER

PARTNERSHIP

DIRECTORS/PARTNERS

Name _____ Telephone _____

Address _____

Name _____ Telephone _____

Address _____

STATEMENT TYPE REQUIRED Standard With Reference In Reference Sequence

TRADE REFERENCES

Supplier _____ Telephone _____

Supplier _____ Telephone _____

Supplier _____ Telephone _____

I/We hereby apply to the Credit Provider for a credit facility on your customer records and supply services to my/our order. I/We agree that all transactions between your company and me/us shall be entered into upon and subject to the terms and conditions set out on the reverse of this application.

SIGNED BY OR ON BEHALF OF APPLICANT _____

NAME (please print)

DATE _____ POSITION _____