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R J Waller Customs Brokers Pty Ltd
ABN 49 069 641 809
P O Box 175
Richmond VIC 3121
Ph (03) 9426 4599
Fax (03) 9421 5543

Application For Credit Account

Nature of Organisation:

Sole Trader Partnership Proprietary Company Trust Other _____

Trade Name: _____

Legal Name: _____

Delivery Address: _____

Postal Address: _____

Telephone: () _____ Fax: () _____ Mobile: () _____

Registered Office: _____ E-Mail: _____

ABN Number: _____

Previous Address Details (if less than 2 years): _____

Details of Partners (if Partnership)	Details of Directors (If Proprietary Company)
1. Full Name: _____	1. Full Name: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____
2. Full Name: _____	2. Full Name: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____

Contact Person for Accounts: _____

Name and Branch of Bank: _____

Bank Account Number: _____

Solicitors Name and Address: _____

Accountants Name and Address: _____

Trade References: (excluding Credit Cards, Fuel Suppliers, Landlord, Power & Phone)

- 1. _____ Phone No: _____
- 2. _____ Phone No: _____
- 3. _____ Phone No: _____

I certify that the above information is true and correct and that I am authorised to make this application for credit. In accordance with the Privacy Act (1988) I authorise any person or company to give information as may be required in response to credit inquiries. I have read and understand the GENERAL TERMS AND CONDITIONS OF TRADE (overleaf) of R J Waller Customs Brokers Pty Ltd which form part of, and are intended to be read in conjunction with this Credit Application and agree to be bound by these conditions.

Signed: _____ Date: _____
(Proprietor / Partner / Director / Authorised Signatory) Circle One

Full Name: _____ Position: _____

Guarantors Details (if required):
Full Name: _____ Occupation: _____

Address: _____ Signature: _____