

NORTH COAST CONTROLS

Application for Credit Account

John M Caesar
T/A North Coast Controls
ABN 66 398 340 458
PO Box 6218
South Lismore NSW 2480
Ph 02 6628 2590
Fax 02 6628 2595

Nature of Organisation:

Sole Trader Partnership Proprietary Company Trust Other _____

Trading Name: _____

Legal Name: _____

Delivery Address: _____

Postal Address: _____

Telephone: _____ Fax: _____ Mobile: _____

Registered Office Address: _____

ABN Number: _____ Paid up Capital: _____

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

Details of Partners (if Partnership) or Directors (If Proprietary Company)

1. Full Name: _____ 2. Full Name: _____

Home Address: _____ Home Address: _____

Home Phone: _____ Home Phone: _____

Contact Person for Accounts Payable: _____

Phone number for above contact: _____ Fax number for above contact: _____

Email address for above contact: _____

Name of Bank and Branch: _____

BSB and Account _____

Accountants Name and Address: _____

Solicitors 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 John M Caesar T/A North Coast Controls 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)

Full Name: _____ Position: _____

Witness: _____

Full Name: _____ Occupation: _____

Address: _____ Signature: _____