

New Customer Credit Account Application Form

Please forward for processing to: accounts@washandgoswanhill.com.au customers details

rading Name / Applicant					
egal Entity (if different from trading name)			Industry		No. of Staff
ACN			ABN* (An 11 digit ABN must be provided)		
Proprietor's Name/s if a sole Trader or Partnership			Date of Birth required for Creditcheck		
egistered Office Address					
uburb	b			State	Postcode
ostal Address					
Jburb				State	Postcode
ccounts Landline Tel. No.			Accounts FaxN	0.	
ccounts Email					Receive Statements
elivery Address (no PO box)					
uburb				State	Postcode
el. No.			Email		
31. NO.	Fax No.		Email		
Details of Relevant Contacts					
irst Name Las	st Name	Job Title		Email Address	
CUSTOMER'S TRADE REFERENCES					
				Telephone	
. Commercial Supplier: Contact					
ddress					
. Commercial Supplier: Contact					
ddress				Telephone	
USTOMER'S SIGNATURE					
, signing this Application, the Customer berefy ac	cents the Terms and Conditions of	Credit and Terms and		FOR OF	FICE USE ONLY
γ signing this Application, the Customer hereby ac politions of Sale. A copy of which is located at <u>w</u>	Sales Representative:				
Signed for and on behalf of the applicant: Signature Date Date					
lame (Please use BLOCK CAPITALS)	Positio		Cre	edit Limit:	Date:
and thease use blook OAFHALS)					
Vash & Go Pty Ltd ABN 92 636 850 167					