

## Account Application

Type of Business - COMPANY [ ] SOLE TRADER [ ] PARTNERSHIP [ ]

Registered Company Name \_\_\_\_\_

Trading Name \_\_\_\_\_

ABN No \_\_\_\_\_ Phone \_\_\_\_\_

Postal Address \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_ Fax \_\_\_\_\_

Delivery Address \_\_\_\_\_

Nature of Business \_\_\_\_\_ Date Commenced \_\_\_\_\_

Parent Company Details [if applicable] \_\_\_\_\_

Name and Address of Directors, Partners or Owners:

1: \_\_\_\_\_ Ph \_\_\_\_\_

Mob \_\_\_\_\_

2: \_\_\_\_\_ Ph \_\_\_\_\_

Mob \_\_\_\_\_

3: \_\_\_\_\_ Ph \_\_\_\_\_

Mob \_\_\_\_\_

Driver's license Number \_\_\_\_\_ State of Issue \_\_\_\_\_

Contact Person: Accounts \_\_\_\_\_ Ph \_\_\_\_\_

Purchasing \_\_\_\_\_ Ph \_\_\_\_\_

Trade References (IF BUSINESS IS NEW OR JUST PURCHASED, PLEASE ADVISE PREVIOUS ACCOUNT NAME THAT WOULD HAVE BEEN HELD WITH THE BELOW COMPANIES \_\_\_\_\_ )

1: \_\_\_\_\_ Phone & Fax \_\_\_\_\_

2: \_\_\_\_\_ Phone & Fax \_\_\_\_\_

3: \_\_\_\_\_ Phone & Fax \_\_\_\_\_

I/We hereby certify that I am authorised to sign this application and that I /we agree to your terms being either a **30 day from date of invoice** account OR **Cash on Delivery (COD)**. This will be determined at the discretion of management of Exflo. We understand that *goods will not be supplied to this account if we are outside of these terms.*

Print Name \_\_\_\_\_ Signed \_\_\_\_\_ Date \_\_\_\_\_