

Application For Credit Account Nature of Organisation:

SN Richardson T/A Imagine Electrics

**ABN 18 674 563 629**

PO Box 16 Abermain NSW 2326

Ph 1300 301 130 Fax (02) 4930 4222

Sole Trader Partnership Proprietary Company Trust Other Trade Name: Legal Name: Delivery Address: Postal Address: Telephone: ().

Fax: ( )

Mobile: () Registered Office:

E-Mail: ABN Number:

Paid up Capital: 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)

Phone No: Phone No: 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 SN Richardson T/A Imagine Electrics 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

Position:

**Full Name: Witness: Full Name:**

Occupation: Signature:

Address:

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