

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

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: _____ Paid up Capital: _____

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

Details of Partners (if Partnership)

1. Full Name: _____

Home Address: _____

Home Phone: _____

2. Full Name: _____

Home Address: _____

Home Phone: _____

Details of Directors (If Proprietary Company)

1. Full Name: _____

Home Address: _____

Home Phone: _____

2. Full Name: _____

Home Address: _____

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 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

Full Name: _____ Position: _____

Witness: _____ Occupation: _____

Full Name: _____ Occupation: _____

Address: _____ Signature: _____

Application For Credit Account Nature of Organisation:

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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:

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Signed:

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

Position:

Full Name: Witness: Full Name:

Occupation: Signature:

Address:

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