

MASTER MOULDING

2/74 MERRI CONCOURSE CAMPBELLFIELD
VICTORIA 3061 AUSTRALIA
03 9357 0483

CUSTOMER ACCOUNT DETAILS

CUSTOMER NAME:	
TRADING AS (if different)	
A.B.N.	
A.C.N	
YEARS ESTABLISHED	
NATURE OF BUSINESS	
MEMBER OF BUYING GROUP	
POSTAL ADDRESS include postcode	
DELIVERY ADDRESS include post code	
MONTHLY REQUESTED CREDIT LIMIT	\$5000.00
ACCOUNTS CONTACT NAME	
POSITION TITLE	
ACCOUNTS EMAIL ADDRESS	
ACCOUNTS TELEPHONE	
ACCOUNTS FAX	

DETAILS OF ALL DIRECTORS/PARTNERS:

1. NAME			
ADDRESS		PHONE	
2. NAME			
ADDRESS		PHONE	
3. NAME			
ADDRESS		PHONE	

CREDIT INFORMATION - Trade References (select organisations you have traded with for 12 months or more)

COMPANY NAME		PHONE	
MONTHLY PURCHASES \$		FAX	
		EMAIL	
COMPANY NAME		PHONE	
MONTHLY PURCHASES \$		FAX	
		EMAIL	
COMPANY NAME		PHONE	
MONTHLY PURCHASES \$		FAX	
		EMAIL	
COMPANY NAME		PHONE	
MONTHLY PURCHASES \$		FAX	
		EMAIL	

PRODUCT TERMS AND CONDITIONS OF SALE
Authorised Company signatory to Sign & Date this section

I certify that the above information is true and correct and that I am authorised to make this application for credit. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of MASTER MOULDING T/A OZAY BUILD GROUP PTY LTD which form part of, and are intended to be read in conjunction with this Credit Account Application and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. ***I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Customer I shall be personally liable for the performance of the Customer's obligations under this contract.***

DATE EXECUTED:

SIGNATURE OF AUTHORISED OFFICER OF APPLICANT:

PRINT NAME & POSITION OF AUTHORISED OFFICER:
