Agnes Enterprises Pty Ltd T/A **Abel Labels** ABN: 42 039 528 500 • ACN: 110 984 784 28 Patriarch Drive, Kingston TAS 7050 Phone: (03) 6234 2234 • Fax: (03) 6234 7423 Email: info@abellabels.com.au Web: www.abellabels.com.au

CREDIT ACCOUNT APPLICATION

To Be Completed By Applicants - Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

Customer's Details: Individual Sole Trader Trust Partnership Company Other:							
Full or Legal Name:							
Trading Name (if different from above):							
Physical Address:			State:	Postcode:			
Billing Address:			State:	Postcode:			
Email Address:							
Phone No:	Mobile No:						
Personal Details: (please complete if you are a	n Individual)						
D.O.B. Driver's Licence No:							
Business Details: (please complete if you are a	a Sole Trader, Trust, Partners	hip, Company or Other –	- as specified)				
ABN: ACN:			Date Established (current owners):				
Nature of Business:							
Paid Up Capital: \$ Estimated Monthly Purchases: \$		rchases: \$	Credit Limit Required: \$				
Principal Place of Business is: Rented	□ Owned □ Mortgaged	(to whom):					
Directors / Owners / Trustee (if more than two, please attach a separate sheet)							
(1) Full Name:			D.O.B.				
Private Address:			State:	Postcode:			
Driver's Licence No: Phone No:			Mobile No:				
(2) Full Name: D.O.B.							
Private Address:			State:	Postcode:			
Driver's Licence No:	Phone No:		Mobile No:				
Account Terms:	D D Other:						
Purchase Order Required?		Accounts to be ema	ailed?				
Accounts Email Address:							
Accounts Contact:			Phone No:				
Bank and Branch:			Account No:				
Trade References: (please provide companies that are willing to do trade references)							
Name:	Address:		Phone / Fax / Email:				
1.							
2.							
3.							

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 Agnes Enterprises Pty Ltd T/A Abel Labels 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.*

SIGNED (CUSTOMER):		SIGNED (PRINTER):	SIGNED (PRINTER):			
Name:		Name:	Name:			
Position:		Position:	_ Position:			
WITNESS TO CUSTOM	ER'S SIGNATURE:					
Signed:		Name:	Date:			
OFFICE USE ONLY						
Account / Ref. No.				DATE		

Account / Ref. No.	CREDIT LIMIT	APPROVED BY	DATA INPUTTED	DATE
	\$			

