

APPLICATION FOR 30 DAY TRADING ACCOUNT

Registered Name of Applicant: _____

Trading Name of Applicant: _____

A.C.N. or ABN Registration: _____

Type of Entity: Sole Trader Partnership Company Trust

Registered Office: _____

Telephone: _____ Facsimile: _____

Trading Address: _____

Telephone: _____ Facsimile: _____

email address: _____

Nature of Business: _____

No. of Employees: _____

Date Established: _____ Expected Monthly Purchases: _____

Sales Contact: _____ Accounts Contact: _____

Name & Addresses of Partners/Proprietors/Directors:

Bank Name & Address: _____

Accountants Name & Address: _____

Business References: Name, Address & Phone No.
1 _____
2 _____
3 _____