

McGrath Mechanical Pty Ltd U 2/60 Piper St Lilyfield NSW 2040 PH 0419 433 014 ABN 466 11145334 accounts@mcgrathmechanical.com.au Accounts Phone 0419 671 573

CREDIT ACCOUNT APPLICATION

To be completed by applicants – Please completed all sections and read the Terns and Conditions of trade.										
Client's Details: Indiviual		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:	No: Fax No: Mobile No:									
Personal Details: (Please complete if you are an individual)										
D.O.B Driver's Licence No:										
Business Details: (Please complete if you are a sole trader, Trust, Partnership, Company or Other - as specified)										
ABN: ACN:					Date Established (Current Owners):					
Nature of Business:										
Estimated Monthly Purchases: \$		Credit Limit Required: \$								
Principal Place of Business is: Rented				Owned	Mortgaged (To Whom):					
Directors / Owners / Trustee (If more than two, please attacha separate sheet)										
(1) Full Name:										
Private Address:						State:			Postcode:	
Driver's Licence No:				Ph	Phone No: Mol			bile No:		
(2) Full Name:								D.O.B		
Private Address:						State:			Postcode:	
Driver's Licence No:				Ph	one No:		Мо	bile No:		
Account Terms: 30 Days		COD		Other:						
Purchase Order Required?		Yes		No Accounts to be Emailed?						
Accounts Email Address:										
Accounts Contact: Phone No:										
Bank and Branch: Account No:										
Trade References: (Please provide Companies that are willing to do the Trade References)										
Name:			Address:			Phone / Fax / Email:				
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I certify that the above information is true and correct and that I am Autorised to make this application for credit. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of McGrath Mechanical Pty Ltd which form part of 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.

SIGNED (CLIENT):	SIGNED (CLIENT):		
Name:	Name:		
Position:	Position:		
Date:	Date:		

OFFICE USE ONLY										
Account / Ref. No.	CREDIT LIMIT	APPROVED BY	DATA INPUTED	DATE						
	\$			1 1						

