

ACCOUNT APPLICATION

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| Applicant Information | | | | | |
| Business / Company name: | | | | | |
| 🞎 Limited Company | | 🞎 Trading As | | 🞎 Private | |
| Physical address: | | | | | |
| Suburb: | | Town: | | City: | |
| Postal address: | | | | | |
| Suburb: | | Town: | | City: | |
|  | | | | | Post Code: |
| Delivery address: (if different from above) | | | | | |
| Phone: | Email: | | | Fax: | |
| Contact name: | | | | | DDI/Mob: |
| Other Information: | | | | | |
| Accounts Information | | | | | |
| Accounts contact name: | | | | | |
| Phone: | | Fax | | | |
| Your preference for receiving invoices / statements: 🞎 Email 🞎 Post | | | | | |
| Email: (for invoicing/statements) | | | | | |
| PO Box: | | City: | | Post Code: | |
| Accounting Type:  🞎 Cash Sale    🞎 7 Day Account  🞎 Normal Business Trading Account. (Completed, signed “Terms & Conditions of Trade” required)  🞎 Other (By arrangement) | | | | | |
| NB: Please forward remittance advice for all payments | | | | | |
| Other Information: | | | | | |
| Purchasing Officer Name: 🞎 Order Numbers Required | | | | | |
| NB: Signed proof of purchase required. Delivery Note/Invoice numbers correspond | | | | | |
| Application Completed by:  Position Signed: Date: | | | | | |
| fML OFFICE USE ONLY | | | | | |
| Application received via: 🞎 Post 🞎 Fax 🞎 Email 🞎 By Hand | | | | | |
| Processed by: 🞎 Entered System 🞎R/List 🞎 Filed | | | | | Date: |
| 🞎 Credit Check (if required) | | | 🞎 Terms and Conditions of Trade completed and signed | |  |
| Credit App 🞎 Accepted 🞎 Declined (note reasons) | | | | | |
| Notes: | | | | | |