

CREDIT ACCOUNT APPLICATION

Please complete <u>all</u> sections and <u>SIGN</u> our Terms and Conditions of Trade.

Business Name:	ABN/ACN:
Reg. Office Address:	Suburb:
State Postcode: Principal Contact	Person:
Phone: Mobile:	Email:
Date Established: Credit Li	mit Requested:
DETAILS OF OWNER (If Sole Trader) PARTNERS (If Partnership) OI	R DIRECTORS (If Company) OR TRUSTEE (If a Trust)
Full Name:	Full Name:
Home Address:	Home Address:
State: Postcode:	State: Postcode:
ID: Date of Birth: (Driver's Licence, Passport, etc.) Home Phone:	ID: Date of Birth: (Driver's Licence, Passport, etc.) Home Phone:
CUSTOMER BANKING DETAILS	
Bank:BSB:Account No	c: Account Name:
Please Provide 3 Trade References	
1. Business Name:	Years account Held: Monthly Limit:
Contact Person:	Phone:
2. Business Name:	Years account Held: Monthly Limit:
Contact Person:	Phone:
3. Business Name:	Years account Held: Monthly Limit:
Contact Person:	Phone:
TERMS AND CONDITIONS OF TRADE of Crystalite Design Pty Ltd Credit Account Application and I agree to be bound by these condition	thorised to make this application for credit. I have read and understand the which form part of, and are intended to be read in conjunction with this <u>s.</u> I authorise the use of my personal information as detailed in the Privacy ing at least 15% of the shares) of the Customer I shall be personally is contract.
SIGNED (By Customer):	(Crystalite only, Approved by
Name:	(Date:)
Position:	
FULL NAME OF WITNESS TO CUSTOMER'S SIGNATURE:	
Signed:	Date: