



**PHONE: 4421 6646**

## ACCOUNT APPLICATION

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### Company Details

Full Registered Name: \_\_\_\_\_

Trading Name: \_\_\_\_\_

A.B.N: \_\_\_\_\_ A.C.N: \_\_\_\_\_

Business Trading Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### Details of Proprietors/Partners/Directors

	Full Names	Private Address	Telephone
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

Type of Business: \_\_\_\_\_ No of Employees: \_\_\_\_\_

Preferred Payment Method (please circle): Cheque / Cash / Credit Card / Direct Deposit

I/We hereby agree to pay all accounts within the trading terms of strictly 30 days Nett from the date of Invoice.

I/We understand that if I/We default on any of the accounts 30 day trading terms I/We will be subject to having all fencing removed off all sites. Original charges will still apply.

I/We agree that the account may be suspended if trading terms are not strictly adhered to.  
I/We have read the attached terms & conditions and agree to the term & conditions set out.

I/We declare that the information provided in this application is true and correct

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete this form and fax back to us within 48hrs on the fax number below.**