



MEMBER OF AUSTRALIAN GIFT & HOMEWARES ASSOCIATION

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## NEW ACCOUNT / CREDIT APPLICATION FORM

TRADING NAME		No. of years trading under present ownership	
TRADING ADDRESS		PHONE No. ( )	
		FAX No. ( )	
		MOBILE No.	
POST CODE		SALES EMAIL	
BUSINESS TYPE (please circle one)    Sole Proprietor    Partnership    Company    Trust			
Company / Trust Name		ABN No.	
Registered Company Address (if different from above)			
Accounts Payable Contact Name & Number (if different from owner)			
Accounts Payable Email (if different from above)			
BANK	BRANCH	ACC. NO.	
<b>OWNERS / DIRECTORS INFORMATION</b>			
NAME		NAME	
PRIVATE ADDRESS		PRIVATE ADDRESS	
POST CODE		POST CODE	
HOME PH: ( )		HOME PH: ( )	
DRIVERS LICENCE NO.		DRIVERS LICENCE NO.	
<b>TRADING REFERENCES</b>			
NAME	ADDRESS	PHONE NUMBER	
1		( )	
2		( )	
3		( )	
4		( )	
5		( )	

### ACKNOWLEDGMENT AND PERSONAL GUARANTEE

I/We consent to the information in this application being used by way of references and/or credit reporting during the duration of this account and my/our signature(s) acknowledges this understanding. I/We also undertake any change of ownership.

In this agreement/contract I/we acknowledge our understanding of and agree to the trading terms as listed on the back of this form and the attached terms and conditions. I/we guarantee payment of any and all accounts for goods purchased by the above company together with and legal personal representatives of the company or out of pocket expenses associated with the collection of any outstanding monies. I/we understand this guarantee binds me/us personally.

SURNAME (print) \_\_\_\_\_ FIRST NAME (print) \_\_\_\_\_  
Must be owner/partner/director/trustee

SURNAME (print) \_\_\_\_\_ FIRST NAME (print) \_\_\_\_\_  
Must be owner/partner/director/trustee

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF WITNESS \_\_\_\_\_ DATE \_\_\_\_\_