

DIRECTORS DETAILS

DIRECTORS SURNAMES	GIVEN NAMES	PRIVATE ADDRESSES

TRADE REFERENCES (MIN. 12 MONTHS TRADING PLEASE)

TRADE REFERENCES (PLEASE CONFIRM WITH YOUR REFEREES THAT THEY WILL PROVIDE A REFERENCE. MANY LARGE COMPANIES DO NOT)	PHONE NUMBER	Fax NUMBER	AVERAGE VALUE OF MONTHLY PURCHASES
1.	()	()	\$
2.	()	()	\$
3.	()	()	\$

CONTACT PERSON REGARDING THIS APPLICATION: _____

PHONE NUMBER: () _____

I/We wish to make application for a credit account with Rollspack Pty Ltd in accordance with the Terms and Conditions of Supply and Sale of Rollspack Pty Ltd. I/We also authorise Rollspack Pty Ltd to obtain credit information relating to this application through a credit reporting agency. The applicant warrants that all information in this application is true and correct and that should any information contained within the application change, the applicant agrees to notify Rollspack Pty Ltd within seven (7) days of the change becoming effective.

SIGNATURE OF APPLICANT: _____ DATE: ____/____/____

PRINTED NAME: _____

POSITION HELD: _____

OFFICE USE ONLY

CREDIT LIMIT APPROVED: \$ _____	TERMS OF PAYMENT: _____ DAYS
SIGNED: _____	DATE: ____/____/____
ACCOUNT CODE: _____	REP: _____