

Finance – Application for 30 Day Credit Form

Account Details

Trading Name (Account Name)	A.B.N.
Company Name	A.C.N.
Postal Address	Postcode
Business Address	Postcode
Telephone Number	Facsimile Number
Registered Office	Postcode
Account Type (please tick box provided)	
<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Trustee
<input type="checkbox"/> Partnership	<input type="checkbox"/> Incorporated club/Association
<input type="checkbox"/> Company	<input type="checkbox"/> Unincorporated Club/Association
<input type="checkbox"/> Government Department	
<input type="checkbox"/> Other	
Please State Full Name of Trust if Applicant is a Trustee	
Trading Since Date / /	

Customer Service Information

Manager's Name	
Accounts Payable Contact	Telephone Number
email	
Purchasing Officer's Names 1.	email
2.	email
Should we insist on ordering numbers? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Estimated Monthly Purchases	\$
How do you propose to pay your account?	
<input type="checkbox"/> Cheque	<input type="checkbox"/> Credit Card
<input type="checkbox"/> Direct Deposit	

How did you become aware of A-COM Solutions

☐ Account Manager Cold Call ☐ Advertising ☐ Agency/Designer Referral

☐ Word of Mouth ☐ Other

Trade References

Name	Telephone	Estimated Monthly Purchases
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Name and Addresses of Directors/Partners/Proprietors

1. Surname	Given Names	Position
Residential Address		
2. Surname	Given Names	Position
Residential Address		

DECLARATION

Signed	Name in Full

Position held	Date

Please return completed form to

A-COM Solutions Pty Ltd
ABN: 93 124 304 365

PO Box 45
Kent Town, SA, 5067

Fax: 08 8423 3085
accounts@a-com.com.au