



## 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"/> Government Department
<input type="checkbox"/> Partnership	<input type="checkbox"/> Incorporated club/Association	<input type="checkbox"/> Other
<input type="checkbox"/> Company	<input type="checkbox"/> Unincorporated Club/Association	
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