

## APPLICATION FOR CREDIT ACCOUNT

Please tick:  Company  Sole Trader / Partnership

Business Name / Company / Name of Applicant: \_\_\_\_\_

Address of Registered Office: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

\_\_\_\_\_ Phone: \_\_\_\_\_

Contact for Account Queries: \_\_\_\_\_ Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Contact for Sales Queries: \_\_\_\_\_ Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

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

ABN Number: \_\_\_\_\_ ACN Number: \_\_\_\_\_

Date Applicant's Business Commenced: \_\_\_\_\_

Period Under Current Management: \_\_\_\_\_ years \_\_\_\_\_ months

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Trade References (three required)

1. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

2. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

3. Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Applicants agree to be bound by Fire Extinguisher Brokers terms and conditions of trading.  
Signatory below on behalf of Applicant declares the information on this form is true and correct.

By signing and returning this form, you also provide your consent for Fire Extinguisher Brokers to assess this credit application under the Privacy Act of 1988 and all current amendments. Any problems regarding this application please call us on 1300 229 627.

Printed Name: \_\_\_\_\_

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

Position Held In Applicant: \_\_\_\_\_

Amount of Credit Requested: \_\_\_\_\_



**Fire Extinguisher Brokers**

P.O. Box 2049  
Fountain Gate VIC 3805

Call: 1300 229 627  
NZ freecall: 0800 408 874  
Fax: 03 9796 2291

info@firebrokers.com.au  
firebrokers.com.au

