

Company Name:		ABN:	
Trading Name:		ACN:	
Physical Address:		State:	Postcode:
Billing Address:		State:	Postcode:
Email Address:		Phone No:	
Alternative Email Address:		Fax No:	

**Directors / Owners/ Trustee** (if more than two, please attach a separate sheet)

Full Name:		D.O.B.	
Private Address:		State:	Postcode:
Drivers Licence No.	Phone No:	Mobile No:	
Full Name:		D.O.B.	
Private Address:		State:	Postcode:
Drivers Licence No:	Phone No:	Mobile No:	
Date Business/ Company Established (Current Owners)		Credit Limit Requested: \$	
Nature of Business:	Paid Up Capital:	Estimated Monthly Purchases:	
Principal Place of business is	<input type="checkbox"/> Rented:	<input type="checkbox"/> Owned:	<input type="checkbox"/> Mortgaged (to whom)

**Purchase Order Required:**  YES  NO      **Accounts to be emailed?**  YES  NO

Accounts Email Address:	
Accounts Contact:	Phone No:      Mobile No:
Bank and Branch:	Account No:
Account Terms:	30 day <input type="checkbox"/> 7 Days <input type="checkbox"/> COD <input type="checkbox"/> Others:

Trade References: (Please provide companies that will be willing to do trade references)

Name:	Address:	Phone/Email:
1.		
2.		
3.		

I certify that the above information is true and correct and that I am authorised to make this application for credit. I have read and understand the **TERMS AND CONDITIONS OF TRADE** (overleaf or attached) of Total Parts Pty Ltd which form part of, and are intended to be read conjunction with this Credit Application and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. **I agree that if I am a director/shareholder (owning at least 15% of the shares of the Customer I shall be personally liable for the performance of the Customer's Obligations under this contract.**

<b>SIGNED (CUSTOMER)</b>		<b>SIGNED (CUSTOMER)</b>	
Name:		Name:	
Position:		Position:	
<b>WITNESS TO CUSTOMERS SIGNATURE:</b>			
Signed:		Name:	Date: