



Pakaflex Pty Ltd
2e Cochrane Street
Mitcham, VIC. 3132
(03) 9874 4555

APPLICATION FOR TRADING ACCOUNT

GENERAL BUSINESS INFORMATION

Company name: _____

Trading name: _____

ABN/ACN _____ Partnership Sole Proprietor

Date company established? _____ Public Company Private Company

Is the company acting as a trustee? Yes No

Street address: _____

Postal address: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Type of business: _____

DELIVERY INFORMATION

Delivery address: (include any special instructions)

ACCOUNTS PAYABLE INFORMATION

Accounts Payable Contact name: _____

Email for invoices/statements: _____

Accounts payable phone: _____

FULL NAMES OF AT LEAST TWO PARTNERS, DIRECTORS OR PROPRIETORS

Name: _____ Position: _____

Address: _____

Name: _____ Position: _____

Address: _____

TRADE REFERENCES

1. _____ Tel: _____ Fax: _____

2. _____ Tel: _____ Fax: _____

3. _____ Tel: _____ Fax: _____

STATEMENT BY APPLICANT FOR COMMERCIAL CREDIT

I/we agree to the terms of trade being that the first order is a C.O.D payment, all subsequent orders will be on an account subject to credit approval.

I/we agree that Pakaflex Pty Ltd may seek from any credit providers named in this credit application information about my/our credit arrangements and credit history.

I/we also acknowledge that payment shall be made no later than the 30th day after end of month purchase and agree to pay all debt collection expenses incurred in the event of default of payment.

I/we also acknowledge that the title to the goods supplied does not pass until such time as settlement is made in full.

Applicants name: _____ Position: _____

Signature: _____ Date: _____

APPLICATION SUBMISSION

Please fax completed application to fax (03) 9874 4111.