

Clutter Craft
5/91 Research Road
Pooraka SA 5095
Ph 08 8349 8822
Fax 08 8349 8833
ABN: 97 965 582 480

Application For Wholesale Customer

Nature of Organisation:

Sole Trader Partnership Proprietary Company Trust Other _____

Trade Name: _____

Legal Name: _____

Delivery Address: _____

Postal Address: _____

Telephone: () _____ Fax: () _____ Mobile: () _____

Date of Birth: _____ Drivers Licence: _____

Registered Office: _____ E-Mail: _____

ABN Number: _____ Paid up Capital: _____

Previous Address Details (If less than 2 years): _____

Details of Partners (if Partnership)

1. Full Name: _____

Home Address: _____

Home Phone: _____

Details of Directors (If Proprietary Company)

2. Full Name: _____

Home Address: _____

Home Phone: _____

Contact Person for Accounts: _____

Name and Branch of Bank: _____

Bank Account Number: _____

Solicitors Name and Address: _____

Accountants Name and Address: _____

Trade References: (excluding Credit Cards, Fuel Suppliers, Landlord, Power & Phone)

1. _____ Phone No: _____

2. _____ Phone No: _____

3. _____ Phone No: _____

I certify that the above information is true and correct and that I am authorised to make this application for credit. In accordance with the Privacy Act (1988) I authorise any person or company to give information as may be required in response to credit inquiries. I have read and understand the GENERAL TERMS AND CONDITIONS OF CONTRACT (overleaf) Clutter Craft which form part of, and are intended to be read in conjunction with this Credit Application and agree to be bound by these conditions.

Signed: _____ Date: _____
(Proprietor / Partner / Director / Authorised Signatory) Circle One

Full Name: _____ Position: _____

Witness:

Full Name: _____ Occupation: _____

Address: _____ Signature: _____