



ACCOUNT APPLICATION

All information will be treated as strictly confidential. Account code

FULL TRADING NAME:.....

COMPANY NAME:..... A.B.N:.....

POSTAL ADDRESS:.....P/CODE:.....

BUSINESS ADDRESS:.....P/CODE:.....

NATURE OF BUSINESS.....PHONE:.....

FAX :..... MOBILE :.....

EMAIL :.....

BUSINESS ESTABLISHED FOR..... YEARS.

IF A SUBSIDIARY, NAME OF PARENT COMPANY:.....

ADDRESS:.....

AUTHORISED CAPITAL: \$.....PAID UP CAPITAL: \$.....

PREMISES: OWNED/LEASED (PLEASE INDICATE), NUMBER OF EMPLOYEES:.....

FULL NAME AND ADDRESSES OF DIRECTORS/PROPRIETORS:

(1).....PHONE:.....

(2).....PHONE:.....

(3).....PHONE:.....

BANKERS:.....BRANCH:.....A/C NO:.....

TRADE REFERENCES:

(1).....CONTACT:.....PHONE:.....

(2).....CONTACT:.....PHONE:.....

(3).....CONTACT:.....PHONE:.....

I/We hereby acknowledge that I/we have read and agree to the "Trading Terms and conditions" of Stockwell International Pty Ltd as attached and that I/we agree payment of all disbursements shall be effected within 24 hours of receipt of invoice and charges shall be paid within 30 days of date of invoice. I/we hereby state that the information supplied in support of my/our application for credit facilities to be true and correct.

SIGNED.....TITLE.....DATE.....