

CREDIT APPLICATION FOR 14 DAY TRADING ACCOUNT

I / WE HEREBY APPLY FOR A CREDIT ACCOUNT WITH **D.M.E Crane Hire a Division of DME CONSTRUCTIONS PTY LTD**
 ABN: 91 112 514 806 Ph: (02) 47210182 Fax: (02) 47213177 Contact: (Accounts)

FULL NAME OF COMPANY/BUSINESS _____

TRADING NAME _____ ABN _____

(PLEASE CIRCLE) SOLE TRADER PARTNERSHIP PROPRIETARY COMPANY TRUST OTHER _____

NATURE OF BUSINESS _____ ESTABLISHED SINCE _____

TRADING ADDRESS _____ POSTCODE _____

POSTAL ADDRESS _____ POSTCODE _____

BUSINESS PHONE NUMBER (____) _____ FAX NUMBER (____) _____

NAME OF PRINCIPAL CONTACT _____

TITLE _____ EMAIL _____

DIRECT PHONE NUMBER (____) _____ MOBILE _____

NAME OF BANK _____ BRANCH: _____ BSB _____ ACCOUNT NO: _____

ARE FINANCIAL STATEMENTS AVAILABLE IF REQUIRED? YES / NO WILL ORDER NUMBERS BE ISSUED? YES / NO

DIRECTORS / PROPRIETORS / SOLE TRADERS: DETAILS (must be completed by each applicant)
ALL DIRECTORS TO BE LISTED

FULL NAME	PRIVATE PHONE No.	DRIVER'S LIC. No.	DATE OF BIRTH
ADDRESS			
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ADDRESS			
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ADDRESS			

TRADE REFERENCES

COMPANY NAME	ADDRESS	AVERAGE MTHLY. PURCHASE	TELEPHONE	CONTACT

- I, the undersigned, confirm the above information to be true and correct
- I acknowledge that goods / services supplied will be paid for within 14 days of date on invoice
- In accordance with the Privacy Act (1988), I authorize any person or company to give information as may be required in response to credit enquiries.

Signed for and on behalf of

.....
 Signature

.....
 Print Name

.....
 Position

.....
 Date

IT IS IMPORTANT THAT ALL INFORMATION IS SUPPLIED AS AN INCOMPLETE FORM MAY DELAY THE APPLICATION BEING PROCESSED