

Application for Trading Account

Please complete the following details and return this form to our Head Office - Sydney
 To: The Financial Controller, Associated Gaskets Pty Ltd., PO Box 5055, Milperra DC, NSW 1891.



68 Marigold St Revesby 2212
 PO Box 5055 Milperra 1891
 T: (02) 9774 3333
 F: (02) 9774 1100
 E: syd@assgasket.com.au

www.assgasket.com.au

Trading Name _____
 (Please print clearly)

Registered Name _____

A.B.N.

Street Address _____ Postcode _____

Postal Address _____ Postcode _____

Account Contact:

Name _____ Ph: () _____

Email _____

Owner(s)/Directors:

1. Name _____

Address _____ Ph: () _____

2. Name _____

Address _____ Ph: () _____

3. Name _____

Address _____ Ph: () _____

When did the business begin trading? _____

Trade references (3 please)

Name	Telephone No.	Fax No.	Monthly Purchases
(i)	()	()	\$
(ii)	()	()	\$
(iii)	()	()	\$
	Area Code	Area Code	

Credit Limit Required \$ _____

Confirmation

- a) I am authorized to make this application on behalf of the above mentioned business
- b) The above business agrees to be bound by Associated Gaskets Terms and Conditions (copy supplied on request)
- c) I/We understand goods sold to us must be paid for within (30) days from the month in which the goods were delivered.

Name _____ Signature _____

Position _____ Date / / _____

(For office use only)	
Comments:	Rep.