



Application for Credit Account

Unit 25, 15 Ellerslie Rd Meadowbrook.
P.O. Box 111 Springwood Qld 4127.
e-mail: sales@viscom.com.au
web: www.viscom.com.au
ABN: 65 119 460 909

Nature of Organisation:

Sole Trader Partnership Proprietary Company Trust
Other _____

Ph: 07 3200 3622.
Fx: 07 3200 3611.

Trade Name: _____

Legal Name: _____

Delivery Address: _____

Postal Address: _____

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

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: _____

2. Full Name: _____

Home Address: _____

Home Phone: _____

Details of Directors (If Proprietary Company)

1. Full Name: _____

Home Address: _____

Home Phone: _____

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 of I & S Jubbs T/A Viscom Pty Ltd 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)

Full Name: _____ Position: _____

Witness (In case of Guarantee):

Full Name: _____ Occupation: _____

Address: _____