

AC: _____ DATE: ___/___/___

APPLICATION TO OPEN CREDIT ACCOUNT

All information provided will be treated in strict confidence

APPLICANT DETAILS

Registered Business Name: _____
Sole Trader's or partnership name: _____
Trading Name: _____
Owner's Name: _____
Name of Proprietor(s): _____

Delivery Address Postal Address (if different from delivery)

Building: _____	Building: _____
St/Suite: _____	St/Suite: _____
City: _____	City: _____
State: _____ Postcode _____	State: _____ Postcode: _____

Contact Details

Phone (0) _____ Fax (0) _____
Mobile: _____ Email _____

Business Details

How long has this business been established? _____

How long have the current proprietors owned the business? _____

Please identify the activity of your business: (tick)

- | | |
|--|-------------------------------------|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> Laboratory |
| <input type="checkbox"/> Dental Specialist (specify) _____ | |
| <input type="checkbox"/> Laboratory Specialist (specify) _____ | |
| <input type="checkbox"/> Other (specify) _____ | |

Professional Registration Number: _____

ABN: _____ State of Registration _____

Trade References

Please give the names and phone numbers of three suppliers for trade reference purposes:

1. _____ (0) _____
2. _____ (0) _____
3. _____ (0) _____

"I have read and agree to abide by the Terms and Conditions including payment terms of strictly 30 days" (Terms and Conditions overleaf).

Signed, Owner/Proprietor: _____ Date: ___/___/___