

SYDNEY TRUCK PARTS CREDIT APPLICATION



PH: (02) 9888 1824

FAX: (02) 9588 2504

F Name/Business Name _____
O Address _____
R City/State/Post Code _____
M Email _____
 Phone _____

Business Type: Sole Proprietor Partnership Company

How long in business: _____ ABN/ACN Number: _____

Names/Addresses of Individuals or Partners	-or-	Name/Title/Phone Number of Corporate Officers
_____		_____
_____		_____
_____		_____

Name of Person to Contact Regarding Purchase Orders and Invoices, Title, Address, and Phone

Bank Reference	Account Number, Contact, Title, and Phone Number
_____	_____
_____	_____

Trade References: Company Name, Address, Contact and Title, and Phone Number (Minimum 2 reference)

The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true.	SIGNED _____
	TITLE _____
	DATE _____