

BUSINESS CREDIT ACCOUNT APPLICATION



ABN 35 116 591 701

1. Business Details

Sole Trader Partnership Company Trading Trust Government Authority Local Govt.

Company or Business Name

Trading name/name of trust (if trading as a trust then also complete 2 lower sections)

A.B.N/A.C.N. OF Company/Business

A.B.N of Trust

Name of Trustee

Street Address

Postcode

Postal Address of Business

Postcode

Business Telephone

 ()

Fax Number

 ()

Contact Name

Position Title

Telephone

 ()

Fax

 ()

Email Address

Holding Company

Yes No

(If Yes) Holding Company Name

(If Yes) A.C.N.

2. TYPE OF BUSINESS

Nature of Business

Industry Type

Date Commenced

 / /

Number of Employees

Premises

Owned

Leased

3. TRADE/BUSINESS REFERENCES (TWO MAJOR SUPPLIERS)

Business Name

Contact Person

Job Title

Phone Number

Business Name

Contact Person

Job Title

Phone Number

4. DETAILS OF SOLE TRADER/PARTNERS/DIRECTORS OR TRUSTEES

Full Name Mr/Ms/Mrs (Please Print)

Current Residential Address

Postcode

Owned Rented Mortgageged

Telephone

Drivers Licence (Number & State)

Date Commenced

Maiden/Other Name (if any)

Full Name Mr/Ms/Mrs (Please Print)

Current Residential Address

Postcode

Owned Rented Mortgageged

Telephone

Drivers Licence (Number & State)

Date Commenced

Maiden/Other Name (if any)

5. CREDIT LIMIT REQUEST

\$

Please note if credit limits exceed \$5k, we will also require Financials

6. SIGNATURE/AUTHORIZATION OF CUSTOMER

On behalf of the Business nominated in this Application, as the purchaser of Services provided by Gateway Express Truck Wash. I/We being the duly authorized officer(s) have read and agree to accept the terms and conditions for the operation, establishment and use of an account and hereby apply for the establishment of such Credit Account. I/We warrant that the information provided by me/us in this Application is true and complete. We hereby consent to you using the information provided on this form to do a credit check.

Signature of Authorized Officer

Authorized Signatory's Name & Title (BLOCK LETTERS)

Date

Signature of Authorized Officer

Authorized Signatory's Name & Title (BLOCK LETTERS)

Date

PRIVACY NOTICE

With your implied consent we may use your personal information to tell you about other Gateway Express Truck Wash services and offers we may think will be of benefit to you

Tick here if you wish to opt out of these offers and information about our service

Please email your application to:-

admin@hpcorporation.com