



ELECTRIC MOTOR SALES



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 Email: electricmotorsales@westnet.com.au

Thirty Day Commercial Credit Account Application:

Please Tick: Private Company: Public Company: Partner-Ship: Sole Trader:

YOUR TRADING NAME:

COMPANY NAME (IF APPLICABLE):

SUBSIDIARY/DIVISION (IF APPLICABLE):

POSTAL ADDRESS:

DELIVERY ADDRESS:

CONTACT FOR ACCOUNTS: MR / MRS / MS: POSITION HELD:

CONTACT FOR PURCHASE: MR / MRS / MS: POSITION HELD:

ACN NUMBER: ABN NUMBER:

TELEPHONE NUMBER: () FAX NUMBER: () EMAIL ADDRESS:

EMAIL ADDRESS FOR INVOICING:

NATURE OF BUSINESS: YEAR OF COMMENCEMENT: ESTIMATED CREDIT NEEDED:

NAME AND ADDRESSES OF DIRECTORS/PARTNERS/SOLE TRADER

FIRST NAME	SURNAME	HOME ADDRESS

TRADE REFERENCES (Please do not list businesses providing services):

NAME OF SUPPLIER	ADDRESS	TELEPHONE NUMBER	AVERAGE MONTHLY PURCHASES

I/We understand that all goods sold to us must be paid for within thirty (30) days from the month in which we are invoiced.

.....
 Signature of authorised person

.....
 Position held by signatory

.....
 Name in block letters

.....
 Date