



Delivering your Project with Care...

CREDIT ACCOUNT APPLICATION

To Be Completed by Applicants - Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

Type of Business: Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/>		AMIA Ref:	
Legal Name:		Date:	
Trading Name:		ABN/ACN:	
Are you part of a Distributor / Franchise Buying Group?: Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, which Group:	
Office Address:		State:	Postcode:
Billing Address:		State:	Postcode:
Email Address:		Phone No:	
Web Address:		Fax No:	
Directors / Owners / Trustee (if more than two, please attach a separate sheet)			
Full Name:		D.O.B.	
Private Address:		State:	Postcode:
Driver's Licence No:	Phone No:	Mobile No:	
Full Name:		D.O.B.	
Private Address:		State:	Postcode:
Driver's Licence No:	Phone No:	Mobile No:	
Date Business / Company Established: (Current Owners)		Credit Limit Required: \$	
Nature of Business:	Paid Up Capital: \$	Estimated Monthly Purchases: \$	
Principal Place of Business is <input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged (to whom):			
Accounts Email Address:			
Accounts Contact:		Phone No:	Mobile No:
Bank and Branch:		BSB:	Account No:
Account Name:			
Account Terms: <input type="checkbox"/> 7 Days <input type="checkbox"/> COD		Other:	
Trade References: (Please provide companies that are willing to do trade references)			
Name	Address	Phone / Email:	
1.			
2.			
3.			

I certify that the above information is true and correct and that I am authorised to make this application for credit. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of AMIA Group Pty Ltd T/A Advanced Metal Industries Australia which form part of, and are intended to be read in conjunction with this Credit Account Application and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. **I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Customer, I shall be personally liable for the performance of the Customer's obligations under this contract.**

SIGNED (CUSTOMER): _____ **SIGNED (AMIA):** _____
 Name: _____ Name: _____
 Position: _____ Position: _____

WITNESS TO CUSTOMER'S SIGNATURE:

SIGNED (WITNESS): _____
 Name: _____
 Position: _____ Date: _____

POWDER COATING ♦ BALUSTRADING ♦ WINDOWS & GLASS



CONTACT INFORMATION

Contact Details	
<u>Branch</u>	Management Details
Location:	Name/s:
Address:	Email:
Phone:	Phone:
Sales Department	Accounts Department
Name/s:	Name/s:
Email:	Email:
Phone:	Phone:
Delivery Address (if different to above):	
.....	
.....	
.....	
.....	
Contact Details	
<u>Branch</u>	Management Details
Location:	Name/s:
Address:	Email:
Phone:	Phone:
Sales Department	Accounts Department
Name/s:	Name/s:
Email:	Email:
Phone:	Phone:
Delivery Address (if different to above):	
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