## **NATIONAL EQUESTRIAN WHOLESALERS ("NEW")**

20 SOUTHERN COURT KEYSBOROUGH VIC 3173 AUSTRALIA TEL: +61 3 9464 1599 ABN 50635095966

## **ACCOUNT APPLICATION FORM**

Applicant Name/Registered Company Name:		
ACN or ABN:		
Business Address:		
		Post Code:
Trading Name:		
Postal Address:		
		Post Code:
Accounts Contact: I	Purchases Contact:	
Telephones: Work: ( )	Fax: ( )	
Home: ( ) Mobile:	Email:	
Nature of Company: Private Company □ Public		
Type of Business & Number of Years in Operation		•
7,		
Full Details of Proprietors, Directors or Partners.		
1. Full Name:		
Residential Address:		
Po		
2. Full Name:		
Residential Address:		
Po		
Business References: (who are hereby authorised (excluding credit card suppliers, fuel suppliers, landle	and requested to provide	de details of my account to you)
1		Phone:
2		Phone:
3		Phone:
Bank and Branch:		
Account Number:		
Solicitor's Name and Address:		
Accountant's Name and Address:		
** Pls note that a prepaid system will be in place unt		rges for 30 day account status
Credit facilities may be withdrawn without notice on I/We hereby certify that the above information authorised to make this application for credit. It enquiries with any person or company regardiconsent to any person or company giving any in authorisation and consent is required under the I/We have received, read and understood the te which form part of and are intended to be readereby agree to be bound by those terms and consent in the consent is required to be readereby agree to be bound by those terms and consent is required.	overdue accounts at NE is true and correct in We hereby authorise ng this Credit Applic formation in response Privacy Act 1988 (Crms and conditions out in conjunction with	W's absolute discretion.  every particular and that I/We are and consent to NEW making credit ation. I/We hereby authorise and to such credit enquiries for which th). I/We hereby acknowledge that f NEW's TERMS AND CONDITIONS
Signed:	Name:	
Position:	Dated:	
Signed:	Name:	
Position:	Dated:	