

CASH ACCOUNT FORM

USE BLOCK LETTERS

Company ☐

Partnership ☐

Trust ☐

Sole Trader ☐

Other ☐

Name of Applicant:

Trading Name (if applicable):

ACN:

ABN:

Name of Trust and type (if applicable)

Name of Trustee (if applicable)

Business Address: (not PO Box)

Suburb:

State:

P/Code:

Postal Address: (if different from above)

Suburb:

State:

P/Code:

Telephone:

After hours:

Mobile number:

Fax Number:

Email address for invoices:

Tick for paper copy ☐

Invoices will be delivered by email unless otherwise requested

Contact name:

How long business established:

yrs

Under present ownership:

yrs

Nature of business:

Sales contact:

Accounts payable contact:

Internal PC Use Only

PC Name:

PC No.:

Rep Code:

Credit Office Use Only

Account No.:

Approval: