



6-7/42 Conquest Way Wangara WA 6065  
 Ph. 08 9303 9515 Fax. 08 9302 4007  
 accounts@deansautoglass.com.au  
 www.deansautoglass.com.au

ACN 075 006 496 ABN 45 916 160 221

# CREDIT APPLICATION FORM

Date: / /

**1. Name** (if Sole Trader or Partnership state full name(s) of proprietor/partner(s))

ACN: \_\_\_\_\_  
 ABN: \_\_\_\_\_

**2. Occupation** (please tick more than one box if applicable)

- Sole Trader
- Partnership/Firm
- Company
- Club or Association
- Trust or Trustee
- Other (please specify) \_\_\_\_\_

**3. Street / Postal Address:** \_\_\_\_\_

Telephone: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Email address: \_\_\_\_\_

**4. Bankers Name & Address:** \_\_\_\_\_

\_\_\_\_\_

**5. Estimated purchases per month:** \$ \_\_\_\_\_

**6. Trade References:**

	Name	Fax	Contact
1			
2			
3			

**7. Terms of Trade are 30 days nett from end of invoiced month.**

SIGNED: \_\_\_\_\_  
 NAME & POSITION: \_\_\_\_\_

**INTERNAL USE ONLY:**

- a) Insurance YES/NO
- b) Credit Limit \$ \_\_\_\_\_
- c) Terms Granted \_\_\_\_\_
- d) Deed of Guarantee and Indemnity YES/NO

Approved by \_\_\_\_\_ Date: / /



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## CREDIT APPLICATION FORM

### ACCOUNTS & PURCHASING INFORMATION SHEET

To ease the opening of your new account please supply the following information:

#### ACCOUNTS DEPARTMENT

Accounts Payable Officer: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

#### PURCHASING DEPARTMENT

Purchasing Officer: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Please complete separate accounts & purchasing information sheets if contact person differs from site to site.

**Please note:**

Unless prior arrangements has been made with our offices:

Purchase order numbers/Requisition numbers will be required before work commences, outstanding order numbers will result in a 'Stop Credit' being applied to your account.

This form should be returned to Dean's Autoglass, 6-7/42 Conquest Way, Wangara WA 6065 or a copy can be emailed to accounts@deansautoglass.com.au or faxed to 08 9302 4007.