

APPLICATION FOR MONTHLY ACCOUNT

COMPANY INFORMATION

LIMITED COMPANY	<input type="checkbox"/>	PARTNERSHIP	<input type="checkbox"/>	SOLE TRADER	<input type="checkbox"/>	OTHER	<input type="checkbox"/>	Please tick as applicable
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REGISTERED COMPANY NAME			
TRADING NAME			
POSTAL ADDRESS		TELEPHONE	
STREET ADDRESS		FAX	

COMPANY REGN. No.		PAID UP CAPITAL/PROPRIETORSHIP	\$
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PARTICULARS OF: DIRECTORS <input type="checkbox"/>				PARTNERS <input type="checkbox"/>				PROPRIETORS <input type="checkbox"/>				Please tick as appropriate			
FULL NAME				PRIVATE ADDRESS				DOB				POSITION HELD			

OTHER INFORMATION

NATURE OF BUSINESS			
PERIOD TRADING UNDER PRESENT OWNERS		YEARS	
CONTACT PURCHASING		TELEPHONE	
CONTACT ACCOUNTS PAYABLE		TELEPHONE	

CREDIT REFERENCES: (MINIMUM OF THREE REGULAR ESTABLISHED ACCOUNTS)

COMPANY	CONTACT NAME/S	TELEPHONE NUMBER

Maximum amount of credit required \$ _____

DECLARATION:

I Authorise any person or company to provide Pengelly's Ltd with such information as Pengelly's Ltd may require in order to process this application for a monthly trading account. I hereby declare that the above information is true and correct and confirm I have read and understood the terms and condition on the back of this form and agree to those terms. I sign below as a duly authorised person of the applicant.

SIGNED		DATE	NAME	
			(Please print) POSITION/ TITLE	