



Australian Work Force Pty Ltd
ACN: 082 841 030
Level 1, 530 Little Collin st.
Melbourne 3000
Ph 1300 795 965
Fax 1300 004 049

Application For Credit Account

Nature of Organisation:

Sole Trader Partnership Proprietary Company Trust Other _____

Trade Name: _____

Legal Name: _____

Delivery Address: _____

Postal Address: _____

Telephone: () _____ Fax: () _____ Mobile: () _____

Registered Office: _____ E-Mail: _____

ABN Number: _____ Paid up Capital: _____

Previous Address Details (If less than 2 years):

Details of Partners (if Partnership)	Details of Directors (If Proprietary Company)
1. Full Name: _____	1. Full Name: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____
2. Full Name: _____	2. Full Name: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____

Contact Person for Accounts:

Name and Branch of Bank:

Bank Account Number:

Solicitors Name and Address:

Accountants Name and Address:

Trade References: (excluding Credit Cards, Fuel Suppliers, Landlord, Power & Phone)

1. _____ Phone No: _____

2. _____ Phone No: _____

3. _____ Phone No: _____

I certify that the above information is true and correct and that I am authorised to make this application for credit. In accordance with the Privacy Act (1988) I authorise any person or company to give information as may be required in response to credit inquiries. I have read and understood the GENERAL TERMS AND CONDITIONS OF CONTRACT of Australian Work Force Pty Ltd and acknowledge that I have read and agreed to the terms of our CUSTOMER AUTHORITY AND ACKNOWLEDGMENT with regards to our privacy policy both form part of and are intended to be read in conjunction with this Credit Application and agree to be bound by these stipulations, terms and conditions.

Signed: _____	Date: _____
(Proprietor / Partner / Director / Authorised Signatory) Circle One	
Full Name: _____	Position: _____



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Witness (in case of Guarantee):

Full Name: _____

Occupation: _____

Address: _____

Signature: _____