



ACCOUNT APPLICATION FORM

Name: _____ Company Name: _____

Trading Address: _____

Postal Address: _____

Telephone No. _____ Fax No. _____ ABN: _____

Name & Address of Directors: 1) _____

2) _____

3) _____

Years in Business _____ Type of Business _____

Contact Person _____ Premises: Owned / Rented

Name of Bank _____ Branch _____

Monthly Credit Required _____

Trade References

1. _____ Phone _____

2. _____ Phone _____

3. _____ Phone _____

In signing this application, I agree to be bound by Pro Skips Pty Ltd trading terms of strictly 14 Days net, I also agree to Pro Skips Pty Ltd obtaining personal or commercial credit reports from appropriate Credit Reporting Agencies to allow us to process this application form.

Signature: _____ Date: _____

Name: _____ Title: _____

THANK YOU FOR YOUR TIME
PLEASE FAX BACK TO: 07 5533 2537