



ABN: 99326 623 023

Office Use Only
Approved By:
Date Approved:
Notification Sent:
Account No.:

APPLICATION TO OPEN/CONTINUE TO OPERATE AN ACCOUNT ALL SECTIONS MUST BE COMPLETED FOR THIS ACCOUNT TO BE PROCESSED. ACCOUNTS INACTIVE FOR 12 MONTHS OR MORE WILL NEED TO REAPPLY.

Name:

Business or Trading Name: ABN:

Public Company: [] Pty Ltd Company [] Partnership [] Sole Trader []

Registered Office: Post Code:

Principle Place of Business: Post Code:

Telephone No.: Fax No.: Authorised Officer:

Monthly Credit Required: \$ Bank: Branch: A/C No.:

Name(s) and Address of Directors:

Shareholders:

Trade Reference - Name, Address and Telephone No.

- 1)
2)
3)

I/We hereby apply to open/continue to operate an account with Instant Scaffolds WA. I/We acknowledged that I/We have read and understood the Terms and Conditions of Trading attached hereto. I/We warrant and represent that all of the information set out in this application is true and correct... I agree and acknowledge Settlement terms of 30 Days from Date of Invoice.

DATE THIS DAY OF 2004

SIGNATURE OF DIRECTORS/PROPRIETORS/TRUSTEES/OFFICERS.

- 1)
2)
3)

Signature of Witness: Full Name: Address:

IF YOU DO NOT UNDERSTAND THIS DOCUMENT PLEASE SEEK LEGAL ADVICE. PLEASE BE ADVISED ALL SECTIONS MUST BE COMPLETED TO PROCESS. PLEASE RETURN ORIGINAL TO OUR POSTAL ADDRESS.

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