



Carton Warehouse
 ABN 40 936 767 656 - ACN 074 559 023
 105 Colebard Street West, Acacia Ridge QLD 4110
 Ph (07) 3277 9999 - Fax (07) 3277 7233
 Email: accounts@cartonwarehouse.com.au
 Website: www.cartonwarehouse.com.au

CREDIT ACCOUNT APPLICATION

To Be Completed By Applicants

Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

DATE: _____ REF No. _____

CUSTOMER'S TRADE NAME: _____

CUSTOMER'S FULL or LEGAL NAME: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Billing Address: _____ Physical Address: _____

State: _____ Postcode: _____ State: _____ Postcode: _____

COMMERCIAL CUSTOMERS ONLY

ABN/ACN Number: _____

Requested Credit Limit: _____ Date Established: _____

Accounts Payable Contact: _____ Phone: _____

Bank: _____ Branch: _____

Is the Company a Trustee? YES / NO Paid Up Capital: \$ _____

DETAILS OF OWNER (If Sole Trader) PARTNERS (If Partnership) OR DIRECTORS (If Company)

Full Name: _____ Full Name: _____

Home Address: _____ Home Address: _____

Phone: _____ DOB: _____ Phone: _____ DOB: _____

TRADE REFERENCES (Please Note: you cannot use Phone Electricity, Fuel or Gas Companies as trade reference)

Business Name 1: _____ Address or A/C No: _____

Phone: _____ Fax: _____

Business Name 1: _____ Address or A/C No: _____

Phone: _____ Fax: _____

Business Name 1: _____ Address or A/C No: _____

Phone: _____ Fax: _____

I certify that the above information is true and correct and that I am authorised to make this application for credit. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf or attached) of Global Interests Pty Ltd T/A Carton Warehouse which form part of, and are intended to be read in conjunction with this Credit Account Application and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. **I agree that if I am a director or a shareholder (owning at least 15% of the shares) of the Customer I shall be personally liable for the performance of the Customer's obligations under this contract.**

SIGNED (SELLER): _____ SIGNED (CUSTOMER): _____

Name: _____ Name: _____



Position: _____

WITNESS TO CUSTOMERS SIGNATURE:

Signed: _____

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Position: **105 Colebald Street West, Acacia Ridge QLD 4110**

ID: _____ **Ph (07) 3277 9999, Fax (07) 3277 7233**

Name: _____ **Email: accounts@cartonwarehouse.com.au**

DOB: _____ **Website: www.cartonwarehouse.com.au**