



PAYMENT TERMS – NET SEVEN (7) DAYS FROM DATE OF INVOICE

Details of Applicant:**1. Registered Legal Name:****2. ACN:****ABN:****3. Business Trading Name:****4. Registered Office:**

City / Suburb / Town:

Postcode:

Telephone:

Fax:

Email:

6. Site Address:

Location: ~

Postcode:

7. Work Cover Industry Code:**Work Cover Industry Name:****8. Directors Name & Address:** (If registered Proprietary Limited Co._ excludes Listed Public Company Directors)

Name:

Address:

Name:

Address:

Name:

Address:

9. If Partnership or Sole Trader Principals Names & Addresses:

Name:

Address:

Name:

Address:

Name:

Address:

10. Date Commenced Business:**Est. Monthly Purchases: \$****11. Bankers****BSB:****12. Type of Business:****13. Accounts Payable Contact:**

Telephone:

Fax:

Email:

14. Trade References: (Please include telephone number & fax numbers)

Name:

Tel:

Fax:

Name:

Tel:

Fax:

Name:

Tel:

Fax:

TIS REPRESENTATIVE: (Signature)**CLIENT:** (Signature)