



# Account Application Form

## BUSINESS CONTACT INFORMATION

Title:

Company name:

Phone:

Fax:

Email:

Registered company address:

City:

State:

Postcode:

Date business commenced:

Sole proprietorship:

Partnership:

Corporation:

Other:

## BUSINESS AND CREDIT INFORMATION

Primary business address:

City:

State:

Postcode:

How long at current address?

Telephone:

Fax:

Email:

Bank name:

Bank address:

Phone:

City:

State:

Postcode:

Type of account:

BSB:

Account number:

## BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

Postcode:

Phone:

Fax:

Email:

Type of account:

Company name:

Address:

City:

State:

Postcode:

Phone:

Fax:

Email:

Type of account:

Company name:

Address:

City:

State:

Postcode:

Phone:

Fax:

Email:

Type of account:

## AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorise Balanced Tyre Supplies to make inquiries into the banking and business/trade references that you have supplied.
4. Being the directors of the abovenamed company, I / we hereby unconditionally guarantee the payments of any debt incurred / owed by the company to Balanced Tyre Supplies.

## SIGNATURES

PRINT NAME:

Date: / /

PRINT NAME:

Date: / /