

POWER TOOLS +[®]

POWER TOOLS PLUS PTY LTD
ABN. 23 062 841 294

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FORBES NSW 2871

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E. MYACCOUNT@POWERTOOLSPLUS.COM.AU

ACCOUNT APPLICATION

Account Type: <input type="checkbox"/> 30 Day Credit <input type="checkbox"/> Cash Sale (complete the details to the dotted line as well as signature and witness)		
Local Store (select any or all that apply): <input type="checkbox"/> Forbes <input type="checkbox"/> Parkes <input type="checkbox"/> Cowra <input type="checkbox"/> Mudgee <input type="checkbox"/> Multi		
Type of Business: <input type="checkbox"/> Sole Trader <input type="checkbox"/> Trust <input type="checkbox"/> Partnership <input type="checkbox"/> Company <input type="checkbox"/> Individual/Personal		
Company Name:		ABN:
Business/Trading Name:		ACN:
Nature of business:		
Billing Address:		State: Postcode:
Physical/Delivery Address:		State: Postcode:
Primary Contact	First name:	Last name:
Email Address:		Phone No:
		Mobile No:
Marketing permission: Tick if you DO NOT wish the primary contact to receive news and special offers by <input type="checkbox"/> Email <input type="checkbox"/> SMS <input type="checkbox"/> Mail		
.....		
Directors / Owners / Trustee (if more than two, please attach a separate sheet)		
1. Full Name:		D.O.B.:
Private Address:		State: Postcode:
Driver's Licence No:	Phone No:	Mobile No:
2. Full Name:		D.O.B.:
Private Address:		State: Postcode:
Driver's Licence No:	Phone No:	Mobile No:
Date Business / Company Established (Current Owners):		Credit Limit Required: \$
Principal Place of Business is: <input type="checkbox"/> Rented <input type="checkbox"/> Owned <input type="checkbox"/> Mortgaged (to whom):		Estimated Monthly Spend: \$
Accounts		
Contact person First Name:	Last name:	
Invoice Email Address:	Phone No:	
Statement Email Address:	Mobile No:	
Bank:	Branch:	Purchase Orders Required: <input type="checkbox"/> YES <input type="checkbox"/> NO
Trade References (Please provide companies willing to supply trade references)		
1. Name:		Phone No:
Address:		State: Postcode:
2. Name:		Phone No:
Address:		State: Postcode:
3. Name:		Phone No:
Address:		State: Postcode:

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 Power Tools Plus Pty Ltd 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/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 (CUSTOMER): _____

Name: _____

Position: _____

OFFICE USE ONLY

SIGNED (PTP): _____

Name: _____

SIGNED (WITNESS): _____

Name: _____

Date: _____

Position: _____

Date: _____

