

## TRADING ACCOUNT APPLICATION

Legal Entity Name

Trading Name

ABN/ACN

Address

City

State

Postcode

Telephone

Email

Company  Individual/Sole Trader  Partnership

Primary Contact Name

Telephone

Email

In business since

Credit Limit Requested

## DIRECTORS/PRINCIPAL DETAILS

First Name

Surname

Address

City

State

Postcode

Telephone

Email

First Name

Surname

Address

City

State

Postcode

Telephone

Email

## TRADE REFERENCES

Company Name

Company Name

Telephone

Telephone

## AGREEMENT

All invoices are to be paid within 30 days from invoice date.

Any claims arising from invoices must be made within seven working days of receipt of invoice

By submitting this application you authorise Smoke Alarm Superstore to make inquiries into the trade references that you have supplied.

If you are applying for a credit limit in excess of \$ 5,000 we may require a Directors Guarantee.

PLEASE EMAIL COMPLETED APPLICATION TO

Smoke Alarm Superstore

[jamie@smokealarmsuperstore.com.au](mailto:jamie@smokealarmsuperstore.com.au)