

APPLICANT DETAILS FORM

Ampco Sales Pty Ltd
ABN 17 000 872 195
9 - 11 Jabez Street
Marrickville NSW 2204
Ph (02) 9518 1888
Fax (02) 9518 1111

This form tells us about you and your company and allows us to make the necessary credit enquiries.

Sole Trader Partnership Proprietary Company Trust Other _____

Trading Name: _____

Legal Entity Name: _____

ABN or ACN of the Legal Entity: _____

Delivery Address: _____

Postal Address: _____

Telephone: (02) _____ Fax: (02) _____ Mobile: () _____

Registered Office: _____

Email: _____

ABN Number: _____

Details of Sole Trader, Partners (if Partnership), or Directors (If Proprietary Company)

1. Surname: _____ **2. Surname:** _____

First name: _____ First name: _____

Middle name (if any): _____ Middle name (if any): _____

Drivers Licence No.: _____ Drivers Licence No : _____

Home Address:

Unit No. (if unit): _____ Street No: _____ Unit No (if unit): _____ Street No: _____

Street: _____ Street: _____

Suburb: _____ Suburb: _____

State: _____ State: _____

Phone (Home): _____ Phone (Home): _____

Mobile: _____ Mobile: _____

Trade References: (excluding Credit Cards, Fuel Suppliers, Landlord, Power & Phone)

1. _____ Fax No: _____ Phone No: _____

2. _____ Fax No: _____ Phone No: _____

3. _____ Fax No: _____ Phone No: _____

I certify that the above information is true and correct and that I am authorised to make this application for credit. In accordance with the Privacy Act (1988) I authorise any person or company to give information as may be required in response to credit inquiries. I have read and understand the GENERAL TERMS AND CONDITIONS OF CONTRACT of Ampco Sales Pty Ltd which form part of, and are intended to be read in conjunction with this Credit Application and agree to be bound by these conditions.

Signed: _____ Date: _____

(Proprietor / Partner / Director / Authorised Signatory) Circle One

Full Name: _____ Position: _____