

# CREDIT ACCOUNT APPLICATION FORM



TRADING NAME .....

TESA Electronics Pty Ltd  
ABN 21 127 122 874  
Mezzanine Level  
1 Chifley Square  
Sydney NSW 2000

REGISTERED COMPANY NAME.....

ABN NO ..... GST NO .....

NATURE OF BUSINESS.....

**p** 1800 082199  
**f** 02-45774346  
**e** sales@lacrossetechnology.com.au  
**w** www.lacrossetechnology.com.au

PERIOD TRADING UNDER PRESENT OWNERS ..... YEARS

TELEPHONE ..... RESIDENTIAL .....

FAX ..... MOBILE .....

EMAIL .....

NAME AND ADDRESS OF DIRECTORS / PARTNERS

SURNAME                      FIRST NAME                      ADDRESS

.....  
POSTAL ADDRESS:

BOX NO / STREET ADDRESS .....

TOWN ..... CITY .....

STATE ..... POSTCODE .....

DELIVERY ADDRESS:

STREET ADDRESS .....

TOWN ..... CITY .....

STATE ..... POSTCODE .....

ACCOUNTANT:

SURNAME                      FIRST NAME                      ADDRESS

.....  
BANK..... BRANCH.....

MAXIMUM AMOUNT OF CREDIT REQUIRED \$ .....

CONTACT NAME FOR ACCOUNT

NAME                      TELEPHONE                      ADDRESS

.....  
I/WE HEREBY MAKE AN APPLICATION FOR A CREDIT ACCOUNT TO BE OPENED IN THE NAME OF THE BUSINESS AS DETAILED ABOVE. WE AGREE TO PAY FOR ALL PURCHASES BY 20<sup>TH</sup> OF THE FOLLOWING MONTH.

FULL NAME..... SIGNED.....



DESIGNATION ..... DATE .....

TRADE CREDIT REFERENCES:

STATE NAME, TOWN AND TELEPHONE NUMBERS (MINIMUM OF THREE REGULAR ESTABLISHED ACCOUNTS.)

1. COMPANY NAME: .....

ADDRESS.....

PHONE.....

FAX.....

2. COMPANY NAME .....

ADDRESS.....

PHONE.....

FAX.....

3. COMPANY NAME.....

ADDRESS.....

PHONE.....

FAX.....

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HEAD OFFICE ONLY

1. AREA / REP CODE .....

2. CUSTOMER TYPE.....

3. CREDIT CHECKS BY ..... DATE

4. ACCOUNT AUTHORISED .....

5. DATE ENTERED .....



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