



Account Application Form

Company Details

Date:

Full Legal Entity:

ACN: ABN:

Full Trading Name:

Registered Office:

Invoice Address:

Statement Address:

Delivery Address:

Telephone No.: (.....)..... Facsimile No.: (.....).....

Email Address:

Accounts Contact: Name: Phone:

Purchasing Manager: Name: Phone:

Business Commencement Date:

Business Structure: Incorporated Co Partnership Sole Trader

Number of Employees: Turnover per annum:

Nature of Business:

Name of Partners/ Owners/ Directors

First Name Surname Home Address Telephone No:

1.....

2.....

3.....

4.....

Bank Details

Bank Name:

Branch: BSB:

Address:



Account Application Form

Method of Payment:

Holville Pty Limited's preferred method of payment is by electronic funds transfer to our bank account. Please indicate below if you wish to use this facility:

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Trade References	Co. Use Only
1. Name:	
Phone No:	
Fax No:	
2. Name:	
Phone No.:	
Fax No.:	
3. Name:	
Phone No.:	
Fax No.:	

I/we hereby apply for a 30 day credit account of \$..... and

- a) I/we declare that the above particulars are true and to the best of my/ our knowledge.
- b) I/we agree to comply with the terms and conditions of sale which I/we acknowledge having read.

Signed:

Name of person signing:

Position held in Company:

When completed please return form to admin@holville.com.au or fax to (02) 4367 7592.

Holville Office Use Only

Approved By:		Date:	
Credit Limit:		Entered by:	