Darjill Pty Ltd t/as

BOOK AND MUSIC MARKET

ABN: 39 107 064 040 ACN: 107 064 040
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CREDIT APPLICATION FORM

Business Name: _____
ABN: _____
Trading Address: _____
Suburb: _____ State: _____ Pcode: _____
Delivery Address: _____
Suburb: _____ State: _____ Pcode: _____
Bus. Ph. Number: _____ Fax Number: _____
Email Address: _____
Contact Name: _____
Type of Business: Company ☐ Partnership ☐ Sole Trader ☐

If Company
Name: _____
Registered Office Address: _____
Director 1 Name: _____
Address: _____
Director 2 Name: _____
Address: _____
Mailing Address: _____

Shareholder's Funds $ _____ at _____ (Date)
Date of Incorporation: _____
Last Audited Financial Statement Availabe (if required) _____

If Partnership
Partner's Name: _____
Private Address: _____

If Sole Trader
Proprietor's Name: _____
Private Address: _____

Trade References

Name	Name	Name
Address:	Address:	Address:
Ph: Number:	Ph: Number:	Ph: Number:

I submit the the above information supplied is true and correct

Signature: _____