



Account Application

COMPANY DETAILS

Registered Business Name: _____
Trading Name: _____
ABN: _____ ACN: _____
Business Trading Address: _____
Postal Address: _____
Telephone: _____ Fax: _____
Mobile: _____ Web: _____
Email: _____ Type of Business: _____
Years of Business: _____ No. of Employees: _____

DETAILS OF DIRECTORS/ PROPRIETORS/ PARTNERS

	Full Names	Private Address	Telephone
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____

CREDIT REFERENCES:

Credit Reference 1: _____
Credit Reference 2: _____

Preferred Payment Method: (please circle) Cheque / Cash / Credit Card / Direct Deposit

Accounts Contact: _____ **Contact Email:** _____

I/ We agree to pay all accounts within the trading terms of strictly 30 days from the date of invoice.
I/We have read and understood the attached Terms & Conditions and agree to the Terms & Conditions set out.
I/We understand that if I/We default on any of the accounts 30 day trading terms or Terms & Conditions that the account may be suspended and I/We will be subject to having all fencing or equipment removed off all sites.

Name: _____ **Signature:** _____
Position: _____ **Date:** _____

Please complete this form and return via fax or email to:-

accounts@itfhire.com

or

02 9639 2356