

Keytek Pty Ltd
 49 Glenvale Crescent
 Mulgrave Victoria 3170
 ABN 33 056 385 650



Telephone: 03 9560 5711 Facsimile: 03 9574 9478 Accounts Email:helen@keytek.com.au

New Account / Credit Application Form

Business Name: _____ ABN _____

Trading Name: _____ Type of Trading Entity: Sole Trader Partnership
 Registered Company

Trading Address: _____

Postcode: _____ Main Telephone:(____)_____ Facsimile:(____)_____

Billing Address: _____ Postcode: _____

Accounts Contact: _____ Accounts Email: _____

Purchasing Contact: _____ Purchasing Email: _____

Trading Bank: _____ BSB: _____ Account Number: _____

Years In Business: ____ Type of Business: _____ Est. Monthly Purchases: \$_____

Owners or Directors Information

Name: _____	Name: _____
Private Address: _____	Private Address: _____
Postcode: _____	Postcode: _____
Home Phone: _____	Home Phone: _____
Drivers Licence: _____	Drivers Licence: _____

Trading References

(Please provide the names, addresses and phone numbers of 3 current credit references.)

	Company Name	Contact Name	Telephone Number	Facsimile or Email
1			()	
2			()	
3			()	

Acknowledgement

I/we undertake to advise of *any* change of ownership and I/we agree to the terms as set out on the attached "Terms and Conditions of Sale" and "Return of Goods Policy & Procedure"

Date: _____

For and on behalf of
 (Company Name): _____

Signature: _____

Print Name: _____

Sole Trader / Partnership / Company Secretary / Director
 (**Delete which is inapplicable**)

Office Use Only

Application Date: _____ Checked: _____

Approved: _____ Credit Limit: _____

Account Number: _____

Sales Area: _____ Category: _____