**APPLICATION FOR 30 DAY CREDIT ACCOUNT**

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| **Registered Name:** |  |
| **Trading Name:** |  |
| **Address:** |  |
| **Postal Address:** |  |
| **Please Indicate:** | Company: [ ]  Partnership: [ ]  Sole Prop: [ ]  Trust: [ ]  |
| **ABN:** |       | **ACN :** |       |
| **Nature of Business:** |       | **Date Incorporated:** |       |
| **Telephone:** |       | **Fax** |       |
| **Contact:** |       | **Mobile:** |       |
| **Email address:** |  | **Website address:** |  |

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| **Accounts Payable Contact:** |
| **Name:** |  | **Telephone:** |  |
| **Email:** |  | **Facsimile:** |  |
| **Email for Invoices:** |  |
| **Email for Statements:** |  |

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| **Purchase Order Information:** |
| **How will you place your orders? Email Fax Phone:** **All purchase orders are emailed to: info@constar.com.au Sales Rep:**  |

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| **Full name and residential addresses of all the Directors/Partners/Proprietors:** |
| **Name** | **Residential Address** | **Home Telephone** |
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| **Trade References (preferably major/market leading entities) – Please provide a minimum of 3:** |
|  | **Company Name** | **Contact Name** | **Telephone No** | **Email Address** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |

**I / We acknowledge that Constar Pty Ltd’s payment terms are 30 Days from invoice date.**

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| **Signature of all Proprietor(s) / Director(s) of applicant:** |
| **Name:** |  | **Signature:** |  |
| **Position:** |       | **Date:** |       |

Please return completed application to info@constar.com.au or fax (07) 5450 7092