**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:** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:** |

|  |  |  |
| --- | --- | --- |
| **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.**

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

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