

Inleatherz - Credit Application

Shop / Trade Name _____

Legal Name _____

Name _____ Position _____

Phone _____ Mobile _____

Email _____ Fax _____

Shop Address _____

ABN _____ ACN _____

Owner Information - As Above []

First Name _____ Last Name _____

Email _____ Mobile _____

Accounts payable contact - As Above []

Name _____

Phone _____ Mobile _____

Email _____

Trade References

1. Business Name _____ Phone _____

2. Business Name _____ Phone _____

I certify that the above information is true and correct and that I am authorized to make this application for credit. I authorize the use of my personal information as detailed in the Privacy Act clause overleaf. I have read and understand the Policies, Terms and Conditions of Trade (overleaf) Of Inleatherz , which form part of, and are intended to be read in conjunction with this Credit Account Application and agree to be bound by these conditions.

SIGNED _____ SIGNED _____

Name _____ Name _____

Position _____ Position _____

ID _____ ID _____

DOB _____ DOB _____

Date _____ Date _____

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