



Account Application Form

Please answer all questions for your type of business

Legal Name

Trading Name

Invoice Address

Delivery Address

Phone Number Mobile Number

Fax Number GST Number

Web Site

E-mail Address

Length in Business Number of empl.

Bank Branch

Account number

Type of Business LTD Partnership Sole Trader Other Government School Registered Trust/Charity Club/Association

Directors, Partners or Sole Traders – Names, Residential Address & DOB

Last name Given name

DOB (dd/mm/yy) / / Phone

Address

Last name Given name

DOB (dd/mm/yy) / / Phone

Address

Credit References (Businesses that can tell us about your trading history)

Name Phone

Name Phone

Name Phone

I certify that the above information is true and correct and that I am authorised to make this application for credit. In accordance with Privacy Act (1993) I authorise any person or company to give information as may be required in response to credit inquiries. I have read and understand the terms and conditions of trade of IT Net World Ltd which form part of, and are intended to be read in conjunction with this credit application and agree to be bound by these conditions.

Signed Date

Full Name Position

For internal use only

Account approved by Account Number

Payment terms Limit