



Trading Account Application

Trading Name.....

Company Name.....

ABN.....

Street Address.....

Postal Address.....

Web Address.....

Business Industry.....

Business size # Employees Sales \$m

Required credit limit \$.....

Owner/Director.....

Account Contact

Name.....

Phone#..... Email#.....

Trade References

1. Name.....

Street Address.....

Phone# Accounts Email #

2. Name.....

Street Address.....

Phone# Accounts Email #

3. Name.....

Street Address.....

Phone# Accounts Email #

Declaration

I am authorised to make this application and confirm that the applicant company will abide by Universal Gaskets' sales terms* and that goods sold to us will be paid within 30 days after the end of the month delivery.

Name Position

Signed Date

*A copy will be forwarded on request or refer to www.universalgaskets.com.au