

APPLICATION FOR CREDIT FACILITIES

(office use only)
ACCOUNT NO. _____ A.B.N NUMBER _____

TRADING COMPANY NAME _____

PROPRIETOR OF TRADING NAME _____

POSTAL AND INVOICE ADDRESS NO. _____ STREET. _____

SUBURB / TOWN _____

COUNTRY (if not Australia) _____

POST CODE _____ A.C.N NUMBER _____ - - NO. OF EMPLOYEES _____

DELIVERY ADDRESS (if different from above) NO. _____ STREET. _____

SUBURB / TOWN _____

COUNTRY (if not Australia) _____

POST CODE _____

CONTACT PERSON PURCHASING Mr. Mrs. Ms. _____

CONTACT PERSON ACCOUNTS Mr. Mrs. Ms. _____

PHONE NO. _____ - - FAX NO. _____ - -

MOBILE NO. _____

EMAIL _____

TYPE OF BUSINESS _____

DATE COMMENCED DD / MM / YYYY _____ HAS THIS TRADING NAME ANY INVOLVEMENT WITH A TRUST? YES NO

IS THIS COMPANY A SUBSIDIARY? YES NO IF YES, NAME THE HOLDING COMPANY _____

COMPANY - PTY.LTD PUBLIC SOLE TRADER PARTNERSHIP

DIRECTORS/ OWNERS/ PARTNERS FULL NAME & ADDRESS _____ DATE OF BIRTH DD / MM / YYYY

Mr. Mrs. Ms. _____

NO. _____ STREET. _____

SUBURB / TOWN _____

COUNTRY (if not Australia) _____

POST CODE _____ DRIVERS LICENSE NUMBER _____

DIRECTORS/ OWNERS/ PARTNERS FULL NAME & ADDRESS _____ DATE OF BIRTH DD / MM / YYYY

Mr. Mrs. Ms. _____

NO. _____ STREET. _____

SUBURB / TOWN _____

COUNTRY (if not Australia) _____

POST CODE _____ DRIVERS LICENSE NUMBER _____

DIRECTORS/ OWNERS/ PARTNERS FULL NAME & ADDRESS _____ DATE OF BIRTH DD / MM / YYYY

Mr. Mrs. Ms. _____

NO. _____ STREET. _____

SUBURB / TOWN _____

COUNTRY (if not Australia) _____

POST CODE _____ DRIVERS LICENSE NUMBER _____

DIRECTORS/ OWNERS/ PARTNERS FULL NAME & ADDRESS _____ DATE OF BIRTH DD / MM / YYYY

Mr. Mrs. Ms. _____

NO. _____ STREET. _____

SUBURB / TOWN _____

COUNTRY (if not Australia) _____

POST CODE _____ DRIVERS LICENSE NUMBER _____

Häfele Australia Pty Ltd

PO Box 1066 • Dandenong VIC 3175
 8 Monterey Road • Dandenong VIC 3175
 Phone +61 (0)3 9212 2000 • Fax +61 (0)3 9212 2001
 info@hafele.com.au • www.hafele.com



AUTHORISED CAPITAL _____ DETAILS OF ANY CHARGES OVER ASSETS _____ _____ BANK NAME _____ IS THIS COMPANY A SUBSIDIARY? <input type="checkbox"/> OWN FREEHOLD <input type="checkbox"/> LEASED	PAID UP CAPITAL _____ BRANCH NO. _____ ACCOUNT NO. _____
---	--

TRADE REFERENCES	PHONE	FAX
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

GENERAL INFORMATION

DECLARATION AND PRIVACY INFORMATION AUTHORITY:

I/We hereby agree to abide by the terms and condition of Häfele Australia Pty.Ltd, herewith sighted, and understood that in the event of this application being accepted, all accounts are to be paid 30 days net. I/We hereby AUTHORISE Häfele Australia to make such enquiries as deemed necessary to determine my/our credit worthiness and ACKNOWLEDGE and CONSENT to your production of this authority to the above mentioned financial information providers to assist your enquiries.

Signed: Position:

DATE:

On behalf of:

Signed: Position:

DATE:

On behalf of:

