

CREDIT APPLICATION STRICTLY CONFIDENTIAL

A.B.N. 47 136 549 409 PO Box 519 Glen Waverley VIC 3150 t: +61 3 9012 7659 f: +61 3 9016 5372 e: info@gtxtrading.com.au www.filtra.com.au

Full Trading Name		www.filtra.com.au		
A.B.N				
Delivery Address (unless otherwise advised)				
Postal Address				
If Sole Trader or Partnership – I	Principles Full Names and Addresses			
1.				
2				
3.				
If Registered Company				
1. Name	A.C.N			
2. Registered Office				
3. Paid Up Capital	Date of Incorporation			
Directors Full Names (if Prop	prietary Limited Company)			
1	3			
2	4			
Date Business Commenced:	Type of Business:			
Tel. NoFax t	No Contact (A/Cs Payab	le)		
Bank	_Branch			
Trade References (3): (Please inc	clude address and telephone number)			
1		PH		
2		PH		
3.		PH		

Credit Limit required or estimated monthly purchases \$ Do you quote Order Number? Yes No				
	n the Company's website t	f Sale, and agree to be bound by them, from time to time. These Terms will apply to Pty Ltd (the Company).		
(b) I/We acknowledge that, if credit is terms at any time by written notice		eserves the right to vary or withdraw credit		
Name:	Signature:	Date:		
BLOCK LETTERS	DIRECTOR/PRINCIPA	AL/AUTHORISED SIGNATORY		
OFFICE USE ONLY:				
Comments:				
Account opened by:	Pricel	ist:		
Maintenance completed by:		Date:		