North Shore Distributors



#  NSD

**Unit 5/57 Inspiration Drive, Wangara WA**

**Phone 08 9303 4444 Fax 08 9303 9073**

**E-mail** **office@nsdwa.com.au**

**NEW ACCOUNT / CREDIT APPLICATION FORM**

**DATE OF APPLICATION ……………………**

**BUSINESS NAME ………………………………………………………………………………………….**

**TRADING AS ……………………………………………………………………………………………...**

**POSTAL ADDRESS …………………………………………………………………………......................**

**DELIVERY ADDRESS ……………………………………………………………………………………**

**PHONE ( ) …………………….. FAX ( ) ……………… MOBILE ……………………**

**EMAIL ADDRESS ………………………………………………..**

**NAME OF PERSON FOR EVERYDAY CONTACT …………………………………………………..**

**NAME OF PERSON TO CONTACT IN ACCOUNTS………………………………………………….**

**ABN …………………………. ACN …………………… NO. OF YEARS TRADING ………………...**

**SOLE TRADER ⁫ PARTNERSHIP ⁫ REGISTERED COMPANY ⁫** *Please tick √ one*

**BANK, BSB & ACCOUNT NO. AND ACCOUNT NAME**

**………………………………………………………………………………………………………………**

**OWNER’S OR DIRECTOR’S INFORMATION:**

**NAME ……………………………………………..**

**PRIVATE ADDRESS …………………………….**

**……………………………. POSTCODE …………**

**PHONE ( ) ……………………………………..**

**DRIVER’S LICENCE NO. ……………………….**

**TRADE REFERENCES:**

1. **…………………………………… PHONE …………………………..**

 **2) …………………………………… PHONE ………………………….**