North Shore Distributors



# NSD

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

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**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 ………………………….**