

DOGUE AUSTRALIA PTY LTD ATF

DOGUE

WHOLESALE

CREDIT APPLICATION

BUSINESS CONTACT INFORMATION

Contact Name:

Company Name:

Phone:

Fax:

Registered Company Address:

City:

State:

Postcode:

Date Business Commenced:

Credit Line Requested:

PLC:

Limited Company:

Sole Proprietor:

Other:

BUSINESS AND CREDIT INFORMATION

Principal/Partner/Officer:

Accounts Address:

City:

State:

Postcode:

How long at current address?

Phone:

Fax:

E-mail:

Bank Name:

Bank Address:

Phone:

City:

State:

Postcode:

BSB

Account Number

BUSINESS/TRADE REFERENCES

Company Name:

Address:

City:

State:

Postcode:

Phone:

Fax:

E-mail:

Type of Account:

Company Name:

Address:

City:

State:

Postcode:

Phone:

Fax:

E-mail:

Type of Account

Company Name:

Address:

City:

State:

Postcode:

Phone:

Fax:

E-mail:

Type of Account

AGREEMENT

1. Claims arising from invoices must be made within 7 working days.
2. By submitting this application, you authorise Dogue Wholesale to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:
Date:

Title:
Date: