



AUSTRALIAN PERLITE PTY LIMITED

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APPLICATION TO OPEN A CUSTOMER ACCOUNT

Company Name: _____

ABN No: _____ **ACN No.** _____

Postal Address: _____

Registered Office: _____

Street Address (If different from above): _____

Telephone: () _____ **Facsimile:** () _____

Accountant: _____ **Telephone:** () _____

Bank: _____ **Branch:** _____

Accounts Payable Contact: _____ **Telephone:** _____

Email Address: _____

If not a Proprietary Limited Company – Owner’s Name and Address:

Type of Business: _____

Purchasing Requirements: Perlite Filteraid Vermiculite

Period of Operation: _____ **Paid Up Capital:** _____

Credit Required / Month: _____

Trade References (Three required):

_____	Phone: () _____
_____	Facsimile: () _____
_____	Phone: () _____
_____	Facsimile: () _____
_____	Phone: () _____
_____	Facsimile: () _____

1. I/We apply to open a credit account and authorise any person or company to provide you with such information as you may require in response to your credit enquiry. I/We further authorise you to furnish to any third party details of the application and any subsequent dealings that I/we may have with you as a result of this application being achieved.
2. I/We understand your terms of trade to be payment by the 20th of the month following invoice and agree to abide by these terms. Unless otherwise provided by a particular contract or agreement. Should I/we agree to pay all costs of collection, including agency fees it is also agreed no other representation is made other than what is agreed to in writing herein.
3. We understand that the ownership and property of the goods delivered remain the property of Australian Perlite Pty Limited, until full payment has been received by Australian Perlite Pty Limited.
4. I/We acknowledge that we have read your Conditions of Sale and agree to the terms set out therein.

Authorised Signatory: _____ **Title:** _____ **Date:** _____

Approved: _____ **Date:** _____