

KINGSFORD TIMBER & HARDWARE Pty Ltd
ABN 68 000 091 109 T/AS

KINGSFORD TIMBER AT CANADA BAY Pty Ltd
ABN 23 146 905 59 T/AS

KINGSFORD TIMBER AT NEWTOWN Pty Ltd
ABN 40 148 989 897 T/AS

Kingsford Timber Mitre10

Canada Bay Mitre10

Newtown Mitre10

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Five Dock NSW 2046

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Newtown NSW 2042

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Email: shop@canadabaymitre10.com.au

Email: shop@newtownmitre10.com.au

APPLICATION FOR CREDIT ACCOUNT

ACCOUNT NAME TO BE USED: _____

REGISTERED NAME OF COMPANY: _____

ADDRESS: _____ POST CODE: _____

POSTAL ADDRESS: _____ POST CODE: _____

EMAIL ADDRESS _____ POST CODE: _____

NATURE OF BUSINESS: _____

HOW LONG IN BUSINESS: _____

TELEPHONE NUMBER: _____ ESTIMATED MONTHLY CREDIT REQUIRED:\$ _____

MOBILE PHONE NUMBER: _____ FAX NUMBER: _____

CONTACT NAME FOR ACCOUNT QUERIES: _____

NAME OF BANK: _____ PHONE NUMBER: _____

PROPRIETORS/PARTNERS OR DIRECTORS: FULL NAME, ADDRESS AND PHONE NUMBER

1: _____

2: _____

3: _____

4: _____

CREDIT REFERENCES:

1. TRADE REFERENCE NAME: _____

PHONE NUMBER:() _____ FAX NUMBER:() _____

2. TRADE REFERENCE NAME: _____

PHONE NUMBER:() _____ FAX NUMBER:() _____

3. TRADE REFERENCE NAME: _____

PHONE NUMBER:() _____ FAX NUMBER:() _____

IF OWNER / BUILDER, ADDRESS OF PROPOSED SITE / EXTENSION: _____

IF APPLICABLE, NAME AND ADDRESS OF EMPLOYER: _____

POSITION HELD AND HOW LONG EMPLOYED THERE: _____

I/We certify that the above details are true and correct and understand that all credit accounts will be paid on your customary credit terms of 30 days, should my account not be settled in the period, I/We hereby agree to accept credit may be stopped until required payment is met.

APPLICANTS NAME:(Block Letters) _____

SIGNATURE: _____ DATE: _____