

Switchboard Tranz

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www.switchboardtranz.com.au

7 Day Account Application Form

ABN: 18 066 370 447

Business contact information

Business Company Name:

Trading Name:

ABN:

ACN:

Contact name:

Phone:

Fax:

E-mail:

Address:

City:

State:

Postcode:

In business since:

Sole trader:

Partnership:

Limited liability:

Other:

Business and credit information

Postal address:

City:

State:

Postcode:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

Postcode:

Business/trade references

Company name:

Company name:

Contact name:

Contact name:

Address:

Address:

City:

Postcode:

City:

Postcode:

Phone:

Phone:

Fax:

Fax:

E-mail:

E-mail:

Company name:

Company name:

Contact name:

Contact name:

Address:

Address:

City:

Postcode:

City:

Postcode:

Phone:

Phone:

Fax:

Fax:

E-mail:

E-mail:

Agreement

1. All invoices are to be paid no later than 30 days after the invoice issue date.
2. Any claims arising from invoices must be made within seven working days of receipt of invoice.
3. The Terms of Conditions and the Schedule of Rates form the contract.
4. By submitting this application, the business acknowledges and accepts the Terms and Conditions and Schedule of Rates.
5. By submitting this application, you authorise Switchboard Tranz to make inquiries into the banking and business/trade references that you have supplied.

Signatures

Title:

Title:

Date:

Date: