



Metro Sawing & Drilling Pty Ltd  
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[www.metroawingdrilling.com](http://www.metroawingdrilling.com)  
ABN: 83 438 636 797

## 30 DAY ACCOUNT APPLICATION

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Registered Business / Company Name: \_\_\_\_\_

Trading Name: \_\_\_\_\_

Customer ABN: \_\_\_\_\_

Type of Business: (please tick)

Company

Partnership

Sole Trader

Public Co

No. of Years Trading: \_\_\_\_\_

Registered Business Address: \_\_\_\_\_  
\_\_\_\_\_

Mailing Address: (if different from above) \_\_\_\_\_

Office Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Accounts Payable Contact Name: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Are Order Numbers Required? (please circle)      YES / NO

**Director's or Partner's Details (Residential):**

1) Name: \_\_\_\_\_ Address: \_\_\_\_\_

2) Name: \_\_\_\_\_ Address: \_\_\_\_\_

**Credit References:**

*Note: Do not list a credit reference with whom you are on a Cash on Delivery (COD) trading terms. You must have an established trading account with all credit references. Failure to list the correct information will result in your application being rejected.*

1) Company Name: \_\_\_\_\_ Phone: \_(\_\_\_\_)\_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_(\_\_\_\_)\_\_\_\_\_

2) Company Name: \_\_\_\_\_ Phone: \_(\_\_\_\_)\_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_(\_\_\_\_)\_\_\_\_\_

3) Company Name: \_\_\_\_\_ Phone: \_(\_\_\_\_)\_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_(\_\_\_\_)\_\_\_\_\_

**Amount of Credit Required: \$** \_\_\_\_\_

**Declaration:**  
I/we agree and acknowledge settlement terms are strictly 30 days from date of invoice and declare that the above information is true and correct.

Signed: \_\_\_\_\_ Postion: \_\_\_\_\_ Date: \_\_\_\_\_

Signed: \_\_\_\_\_ Postion: \_\_\_\_\_ Date: \_\_\_\_\_

**Internal Use Only:**

Date received and completed in full from client: \_\_\_\_\_

Date approved : \_\_\_\_\_

