

DREYPARK PTY LTD
TRADING AS
BOTANY ACCESS

P O Box 329, Botany NSW 1455
3-5 Exel St, Banksmeadow NSW 2019
botanyaccess@hotmail.com
Phone: (02) 9666 3745
Fax: (02) 9666 3564
A.C.N. 073 330 239 A.B.N. 87 073 330 239

APPLICATION FOR 30 DAY CREDIT ACCOUNT

(credit amount to be determined when application received)

Type of Business: Sole Trader Partnership Private Company
Other (please specify)

Nature of Business: _____

Date Commenced: _____

Trading Name: _____

Company Name: _____

Postal Address: _____

Business Address: _____

If Company, Registered Office Address: _____

ACN: _____ ABN: _____

Telephone (Bus) _____ (Private) _____

Facsimile: _____

Name and addresses of Sole Trader / Partners / Directors:
(full names and residential addresses)

1. _____

2. _____

3. _____

Banking Details: Bank: _____ Branch: _____
Name of Account: _____

Business Reference:

1. Company Name: _____
Address: _____
Telephone Number: _____ Fax Number: _____

2. Company Name: _____
Address: _____
Telephone Number: _____ Fax Number: _____

3. Company Name: _____
Address: _____
Telephone Number: _____ Fax Number: _____

Have you ever been declared bankrupt or been a Director of any company which has been wound up or liquidated (whether voluntary or otherwise):

YES / NO

If yes, give details: _____

DECLARATION

I / We (personal name)

Declare that all information supplied us true and correct in every detail and I / We acknowledge that if credit is granted by you this will be done in reliance upon the information supplied by me/us herein.

I / We authorise Brolrik Pty L td to make any inquiries with regards to assessing this credit application including the access of personal / consumer credit files that may be held by any credit reporting agency or provider of credit.

Signed: _____ Dated: _____

Name: (please print) _____

Signed: _____ Dated: _____

Name: (please print) _____