

FOR OFFICE USE ONLY

Account Number:



# New Customer Credit Account Application Form

Please forward for processing to: [wholesale@omnimerch.com.au](mailto:wholesale@omnimerch.com.au)

## CUSTOMERS DETAILS

Trading Name / Applicant

Legal Entity (if different from trading name)

Industry

No. of Staff

ACN

ABN\* (An 11 digit ABN must be provided)

Proprietor's Name/s if a sole Trader or Partnership

Date of Birth required for Creditcheck

Registered Office Address

Suburb

State

Postcode

Postal Address

Suburb

State

Postcode

Accounts Landline Tel. No.

Accounts FaxNo.

Accounts Email

Receive Statements

Delivery Address (no PO box)

Suburb

State

Postcode

Tel. No.

Fax No.

Email

Details of Relevant Contacts

First Name

Last Name

Job Title

Email Address

## CUSTOMER'S TRADE REFERENCES

1. Commercial Supplier: Contact

Telephone

Address

2. Commercial Supplier: Contact

Telephone

Address

## CUSTOMER'S SIGNATURE

By signing this Application, the Customer hereby accepts the Terms and Conditions of Credit and Terms and Conditions of Sale. Copies of which can be downloaded from:

Signed for and on behalf of the applicant:

Signature

Date

Name (Please use BLOCK CAPITALS)

Position

OMNI MERCHANDISE SOLUTIONS PTY LTD ABN 642 010 535

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Sales Representative: \_\_\_\_\_

Rep Code: \_\_\_\_\_

Department: \_\_\_\_\_

Credit Admin Approval: \_\_\_\_\_

Credit Limit: \_\_\_\_\_ Date: \_\_\_\_\_