



Unit 9 / 173 Salmon St,
Port Melbourne,
Victoria 3207
Australia
Fax (03) 9646 7250

D SKIN Pty Ltd credit account application:

Please note all terms are strictly COD, invoice will be issued at time of ordering goods and is due and pay-able upon receiving of goods, no orders will be processed whilst any monies are out-standing.

D SKIN Pty Ltd reserves the right to re- take possession of the items, which may require entering your premises if the payment terms are in default.

D SKIN Agent: _____

Nature of organisation: _____

- Sole trader
- Partnership
- Proprietary Company
- Trust

Other: _____

Trading name: _____

Legal name: _____

Delivery address: _____

Postal address: _____

Telephone: _____ **Mobile:** _____

Fax: _____ **E Mail:** _____

ABN number: _____ **Paid up capital:** _____

Previous address details (if less than 2 years) _____

DETAILS OF DIRECTORS

1. Full name: _____

Home address: _____

Home phone: _____

2. Full name: _____

Home address: _____

Home phone: _____

Contact person for accounts: _____

Name and branch of bank: _____

Bank account number: _____

Solicitors name and address: _____

Accountants name and address: _____

Trade references; (exclude credit cards, fuel suppliers, landlord, power, phone or associated stores)

1) _____ Phone _____

2) _____ Phone _____

3) _____ Phone _____

I certify that the above information is true and correct and that I am authorised to make this application for credit. In accordance with the Privacy Act (1988) I authorise any person or company to give information as may be requested in response to credit inquiries.

Signed _____ Date _____

(Proprietor/partner/director/authorised signatory)

Full name: _____ Position: _____