

APPLICATION FOR CREDIT ACCOUNT

Business Name: _____ ABN Number: _____

Hereby applies to DENTOOLWORKS ABN 59626 490 448 for a 30 days credit account. In support of this application, I/we supply the following information known by "the applicant" to be true and accurate.

Company/Business Details:

Trading Address:		Post Code:
Postal address:		Post Code:
Date Company Registered:	Telephone: ()	
E-mail address:	Fax: ()	
Contact for Account Queries:	Telephone: ()	

Bank Details:

Name of Bank:	Account Number:
Bank address:	Post Code:

Trade References:

1.	Phone:	Fax:
2.	Phone:	Fax:
3.	Phone:	Fax:

Directors/Partners/Sole Traders/ Names and residential address:

Name:	Name:
Address:	Address:
Home phone: ()	Home phone: ()
Date of Birth:	Date of Birth:

Directors Personal Guarantees:

I/We do hereby interpose and bind ourselves as Guarantors and Co-principal debtors for all obligations of the applicant here in.

Signature:	Signature:
Name: (print)	Name: (print)

Payment Term:

Payment for services provided can be made by cheque, credit card or electronic funds transfer. Invoices are due for payment thirty (30) days from statement date. Any balances outstanding over 60 days may incur interest and administration charges.

This application gives DENTOOLWORKS the authority to make inquiries as to credit and financial responsibility of

"The Applicant" and obtain and/or give Trade/Commercial Reference from time to time. "The Applicant" confirms I/We have read and understand and accept the Terms & Conditions of sale and understand and accept the Terms & Conditions of sale and agree to be bound by it.

Company/Business:	Date:
Name: (print)	Signature: