



JOHN RYAN
FREIGHT SERVICES

Kempmont Pty Ltd – ABN 24 202 483 031
73 Gardens Drive, Willawong Qld 4110
(PO Box 194, Archerfield, QLD, 4108)
Phone: (07) 3711 3055 Fax: (07) 3711 3522

Office Use Only	
Checked by	
CRAA by	
Authorised by	
Date	
Credit Limit	
Customer A/c No.	

Application for 7 Day Credit Account

Indicate whichever applicable

FAX COMPLETED TO: (07) 3711 3522

<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Company	ACN:	ABN:
Account to be opened in Name of:				
Trading/Company Name:				
Address – Registered Office:			Main Telephone:	
Trading:			Accounts Tel:	
Paid Up Capital: \$			Shares of \$	Each \$
			Main Fax:	
			Accounts Fax:	
			Contact Email:	
			Accounts Email:	
Nature of Business: How long established?				
Monthly Credit Required: \$				

DIRECTORS DETAILS - Full Names, private addresses, telephone numbers and drivers licence numbers of proprietors:		
1.	2.	3.
P/Code:	P/Code:	P/Code:
Drivers Licence No: Expiry Date: D.O.B:	Drivers Licence No: Expiry Date: D.O.B:	Drivers Licence No: Expiry Date: D.O.B:

CURRENT Trade References			
Name	Fax No.	Term (days)	Approx. Monthly Purchase
1.			
2.			
3.			

Business Premises			
Freehold	Leased	Amount owing under Mortgage	\$
Mortgagor	Lessor	Name:	
		Address:	

Funding arrangements		
Bank:	Branch:	BSB DETAILS:

Application for 7 Day Credit Account - Declaration

I/We declare that the above information given in this application is true and correct in every detail, that is give to you in order to induce your granting of transaction approval, that I/we am/are not an undischarged bankrupt(s), and that I/we am/are not subject to any unsatisfied judgement of any court in Australia.

Name of Authorised Person _____ Position _____ Authorised Person's Signature _____

For and on behalf of _____
(Company Stamp)

Witnessed by: _____ Dated: _____

