

CLIENT ACCOUNT OPEN FORM

For Clients without credit account

Company Name	-	
Trading Name		
ABN		ACN
Nature of business		
Postal Address	-	
<u>-</u>		Post Code
Physical Address _		
Phone ()	Fax ()	Mobile
Accounts Payable Cont	act Person	AP Phone
Accounts Payable emai	l address	
Name of Director(s)		
_		
> Applicant acknowled	ges that this form does not gr	rant credit trading account.
> All outstanding invoice	ces have to be settled within 7	7 days from the invoice date.
Please complete and	return this form together with	h attached Credit Card Direct Debit Authority
Form before the hire	start date to Accounts Receiv	rable via email <u>accounts@dejonghoists.com.au</u>
Signed by Authorized C	lient Renresentative	
Signed by Mathonized C	ment representative	
		Dated/
Signature		Dateu
Print Name		