

Account Application Form

Trading Name _____

Contact / Director 1 _____ DOB _____

Drivers License _____ Expiry _____

Phone No _____

Contact / Director 2 _____ DOB _____

Drivers License _____ Expiry _____

Phone No _____

Postal Address _____

Delivery Address _____

Email Address _____ Fax _____

Names of persons authorised to operate account:

Name _____ Phone _____

Name _____ Phone _____

GrowSafe / Chemical Handler: Certificate Number(s) _____

Expiry Date(s) _____

Trade References:

1 _____ Phone: _____

2 _____ Phone: _____

Invoice delivery EMAIL / POST

GST Registered YES / NO GST No: _____

Application and Declaration:

I / we the Applicant/s are applying for an account / credit based upon the above information.

We confirm that the information supplied above is true and correct.

We understand that this information may be held / used for Credit Reference purposes.

We have read and accept the Terms and Conditions (attached).

Name _____ Sign _____ Date _____

Name _____ Sign _____ Date _____