

Zeus Chemical Products Pty Ltd  
ACN 001 673 883  
ABN 5400 167 3883  
Trading as

# ULTRACOLOR PRODUCTS

3 Anderson Place SOUTH WINDSOR NSW 2756

SALES & ENQUIRIES: Tel: (02) 4577 4866 Fax: (02) 4577 7231  
E-Mail: sales@ultracolor.com.au

## APPLICATION FOR CREDIT ACCOUNT

Company or Trading Name

Contact Name for Orders: \_\_\_\_\_ Ph: \_\_\_\_\_  
Contact Name for Accounts: \_\_\_\_\_ Fax: \_\_\_\_\_  
Ph: \_\_\_\_\_  
Fax: \_\_\_\_\_

Is the Business

Partnership \_\_\_ Proprietorship \_\_\_ Registered Company \_\_\_ Trust Company \_\_\_

If a Trust Company Name of Trust: \_\_\_\_\_

Name of Trustee \_\_\_\_\_ Type of Trust: \_\_\_\_\_

Address of Trustee: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Delivery Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Address for Correspondence if different from above:

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

ABN: \_\_\_\_\_

### NAME AND RESIDENTIAL ADDRESS OF PARTNERS / PROPRIETOR / DIRECTORS:

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

References:

1. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

2. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

3. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Bank: \_\_\_\_\_  
Address: \_\_\_\_\_

ANTICIPATED MONTHLY PURCHASES Volume: Cans: \_\_\_\_\_ \$ \_\_\_\_\_

AGREEMENT:-

I / we understand that the minimum order quantity is two (2) dozen units (24 cans) of marking paint which may be assorted in colour or type.

Should my / our application for credit be approved, I / we undertake to settle my / our account on a regular 30 day basis.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I am authorised to sign on behalf of (Company Name) \_\_\_\_\_

Full Name: \_\_\_\_\_ Position: \_\_\_\_\_

FOR OFFICE USE ONLY:

\_\_\_\_\_

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