



# ALUMINIUM SCAFFOLDS ACTIVE MECHANICAL ACCESS

26 COMMERCIAL PLACE EAST KEILOR 3033 TEL: 9336 3166 FAX: 9336 1290  
21 WEBBER PDE EAST KEILOR 3033 TEL: 9331 7499 FAX: 9336 3997  
ABN 17 006 973 137 ACN 006 973 137

## ACCOUNT APPLICATION

I/WE HEREBY APPLY FOR A CREDIT APPLICATION WITH YOUR COMPANY

BUSINESS NAME.....

ADDRESS:.....

.....POST CODE.....

POSTAL ADDRESS:.....POST CODE.....

PHONE NO:.....FAX NO:.....MOBILE:.....

TYPE OF BUSINESS:.....

REGISTERED ADDRESS:.....

DATE REGISTERED.....ACN NO:.....ABN NO:.....

ORDER NO: Y / N (REQUIRED ON INVOICES ?)

PLEASE CIRCLE APPROPRIATE BOXES TO WHICH YOU APPLY:

PARTNERSHIP

SOLE TRADER

COMPANY

DIRECTORS NAMES:

ADDRESSES

PHONE NO:

.....  
.....

BANK:.....

BRANCH.....

EMAIL ADDRESS.....

TRADE REFERENCES: (company's you trade with.. not financial institutions)

1.....PHONE NO..... FAX NO.....

2.....PHONE NO:..... FAX NO.....

3.....PHONE NO:..... FAX NO.....

I/WE, BEING DIRECTOR/S OF THE ABOVE COMPANIES REQUEST ALUMINIUM SCAFFOLDS PTY LTD (HEREINAFTER CALLED "THE HIRER") TO ENTER INTO HIRE AGREEMENTS FROM TIME TO TIME WITH THE COMPANY I/WE SHALL GUARANTEE TO SUCH HIRE AGREEMENTS AND IN THE EVENT OF DEFAULT BY THE COMPANY I/WE SHALL BE DEEMED TO BECOME PRINCIPAL DEBTOR TO THE HIRER GRANTING TIME OR OTHER INDULGENCE TO THE COMPANY AND THAT THE GUARANTEE SHALL BIND MY/OUR PERSONAL REPRESENTATIVES.

DATE:.....

SIGNATURE.....

WITNESS.....

DIRECTOR:.....