



APPLICATION FOR TRADING ACCOUNT

COMPANY NAME: _____

_____ ABN: _____

DELIVERY ADDRESS: _____

POSTAL ADDRESS: _____

TELEPHONE No.: () _____ FACSIMILE No: () _____

MOBILE No.: _____ EMAIL ADDRESS: _____

PURCHASING CONTACT: _____ ACCOUNTS CONTACT: _____

TYPE OF OPERATION:

() PUBLIC

() PRIVATE

IF SO, Names Of Directors

() SOLE TRADER

IF SO, Manager's Name

() PARTNERSHIP

IF SO, Partners' Names & Residential Address'

TRADE REFERENCES:

1. _____ PH: () _____

2. _____ PH: () _____

3. _____ PH: () _____

TERMS OF PAYMENT: 30 DAYS from End of Month

CREDIT REQUESTED: \$ _____

I/We hereby apply to open a trading account with Synergy Electronics Pty. Ltd.

I/We certify that the information supplied is correct.

I/We agree to abide by "The Terms & Conditions of Sale" of Synergy Electronics Pty Ltd

SIGNED _____ NAME _____

TITLE _____ DATE _____