



APPLICATION FOR AN ACCOUNT

Trading Name:			
Delivery Address:			
Postal Address:			
Phone Number:		Fax Number:	
Type of Business:			
Contact Name:		Email:	

BUSINESS REFERENCES		
Name/Address:	Phone Number:	Contact:

To be completed by Sole Traders and Partnerships		
Full Name(s) and Address(es) of Owners:		

To be completed by Incorporated Companies:		
Company Name:		
Directors Names & Addresses:		

TRADING TERMS

PAYMENT: 30 days from date of Invoice. Credit facilities may be withdrawn should the trading terms not be met.

NOTE: Statements are not issued, please pay on Invoice.

CLAIMS: Claims must be made within 14 days of the Invoice date.

DECLARATION

I/We accept the terms of trade stated above. I/We certify that the above information is to my/our knowledge true and correct.

Name:	Position:
Signature:	Date:

LOVE POLICE PTY LTD
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