

APPLICATION FOR 30 DAY ACCOUNT

Legal Business Name:

A.B.N.: _____

Trading Name: _____

Address: _____

Postal Address: _____

Phone: _____ Fax: _____

Email: _____

Bank: _____ Branch: _____

Credit References:

Name: _____ Contact: _____ Ph: _____

Name: _____ Contact: _____ Ph: _____

Name: _____ Contact: _____ Ph: _____

Approximate Monthly Credit Limit Required: \$ _____

I agree to abide by the terms of trade that shall from time to time be determined by the management of Magabala Books Aboriginal Corporation and to pay all invoices and charges as they fall due.

Signature of Owner/Business Representative

Date

Please email completed form to: admin@magabala.com

Office Use Only

Date Rec'd: _____ Credit Refs Checked: _____ Approved: _____