

ACC / CODE

**REP** 

**CREDIT LIMIT** 

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Vedaz Group Pty Ltd t/as ZELVi Group (ABN 71 631 154 946)

08 6197 6500 www.zelvi.com.au accounts@zelvi.com.au

## **CREDIT ACCOUNT APPLICATION**

To Be Completed By Applicar	Its - Please complete all sections and read the Terms and C	conditions of Trade overleaf or	attached.	
Company Name:		ACN:	ACN:	
Trading Name:		ABN:	ABN:	
Street Address:		State:	Postcode:	
Receiving Hours:		Phone No:	Phone No:	
Postal Address:		State:	Postcode:	
Office Hours:		Phone No:	Phone No:	
Type of Business: Sole Trader □ Trust □ Partnership □ Company (Pty Ltd) □				
Directors / Owners (if more than two, please atta	ach a separate sheet)			
Full Name:	D.O.B.			
Private Address:	State:	Postcode:		
Drivers Licence No:	Phone No:	Phone No:		
Full Name:	D.O.B.			
Private Address:	State:	Postcode:		
Drivers Licence No:	Phone No:	Phone No:		
Date Business Established: (Current Owners)	Credit Limited Red	Credit Limited Required: \$		
Accounts Email Address:	Name:			
Purchasing Email Address:		Name:	Name:	
Does your business require a purchase order no	□ Account Terms: 30	Account Terms: 30 Day EOM   COD		
Trade References: (Please provide companies that are willing to do trade references)				
Full Name Telephone		En	Email	
1.				
2.				
3.				
4.				
5.				
TERMS AND CONDITIONS OF HIRE (available intended to be read in conjunction with the Crepersonal information as detailed in the Privacy of the Customer and I shall be personally liable	rrect and that I am authorised to make this applied at www.zelvi.com.au) of Vedaz Group Pty Ltedit Account Application and agree to be bound Act clause therein. I agree that I am a director/e for the performance of the Customer's obligation	d t/as ZELVi Group whi by these conditions. I a shareholder (owning at	ich form part of, and are authorise the use of my least 15% of the shares)	
SIGNED (CUSTOMER):				
Name:				
Position:				
OFFICE LISE ONLY				

APPROVED BY

DATA

DATE