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CREDIT ACCOUNT APPLICATION FORM

TRADING NAME :

REGISTERED COMPANY NAME :

NATURE OF BUSINESS :

PERIOD TRADING UNDER PRESENT OWNERS : YEARS

TELEPHONE : RESIDENTIAL :

FAX : MOBILE :

EMAIL :

NAME AND ADDRESS OF DIRECTORS / PARTNERS :

SURNAME : FIRST NAME : ADDRESS :

.....
 POSTAL ADDRESS :

BOX NO / STREET ADDRESS : TOWN / SUBURB : CITY :

.....
 DELIVERY ADDRESS :

STREET ADDRESS : TOWN / SUBURB : CITY :

.....
 ACCOUNTANT :

NAME : ADDRESS : TELEPHONE :

.....
 BANK : BRANCH :

MAXIMUM AMOUNT OF CREDIT REQUIRED \$

CONTACT NAME FOR ACCOUNT : SALES :

PHONE :

I / WE HEREBY MAKE AN APPLICATION FOR A CREDIT ACCOUNT TO BE OPENED IN THE NAME OF THE BUSINESS AS DETAILED ABOVE. WE AGREE TO PAY FOR ALL PURCHASES BY 20TH OF THE FOLLOWING MONTH.

(PLEASE PRINT FULL NAME) SIGNED :

DESIGNATION : DATE :

PLEASE TICK IF APPLICABLE: [] RETRAVISION [] A.E.I.A

PLEASE TICK PRODUCTS YOU WILL REQUIRE : [] BATTERIES [] COMPONENTS [] FINISHED PRODUCTS

PLEASE TICK HERE IF A TV / VIDEO SERVICE COMPANY []

FILL IN ONLY IF YOU REQUIRE ACCESS TO THE TESA WEB SITE ONLINE CATALOGUE :

1) NAME: 2) NAME :
LOGIN ID : LOGIN ID :
PASSWORD : PASSWORD :
ACCOUNT TYPE 0 1 2 ACCOUNT TYPE : 0 1 2

NOTE:
4 to 8 characters or numeric for login name and password.
Account Type 0 :- Basic enquiry only.
Account Type 1 :- Able to place an order with us.
Account Type 2 :- All facilities including subsidiary branches.
Please circle account type you require.

TRADE CREDIT REFERENCES :
STATE NAME, TOWN AND TELEPHONE NUMBERS (MINIMUM OF THREE REGULAR ESTABLISHED ACCOUNTS.)

1. NAME:
 ADDRESS :
 PHONE :
 FAX :

2. NAME:
 ADDRESS :
 PHONE :
 FAX :

3. NAME:
 ADDRESS :
 PHONE :
 FAX :

HEAD OFFICE ONLY

1. AREA/REP CODE :
2. CUSTORMER TYPE :
3. CREDIT CHECKS BY : DATE :
4. ACCOUNT AUTHORISED :
5. DATE ENTERED :