

145 HARTLEY ST, PORTSMITH
PO BOX 5244 CAIRNS QLD 4870
TELEPHONE: (07) 40355 888
FAX: (07) 4035 6777

MOBIL DISTRIBUTOR

Trinity
Petroleum



7 DAY TRADING ACCOUNT APPLICATION
(Information supplied will be held strictly confidential)

REGISTERED
COMPANY NAME: _____

TRADING NAME: _____

ABN No: _____

STREET ADDRESS: _____

POSTAL ADDRESS: _____

TELEPHONE No.: _____ MOBILE No.: _____

EMAIL ADDRESS FOR STATEMENT: _____ ACCOUNTS PAYABLE CONTACT: _____

NATURE OF BUSINESS: _____ DATE BUS.COMM.: _____

MONTHLY CREDIT
REQUIRED (MAX \$1,500): _____
(A more detailed application is required for monthly limits of more than \$1500).

Please list full name and address of Directors or Partners in the business:

1. _____ Date of Birth _____

2. _____ Date of Birth _____

3. _____ Date of Birth _____

TRADE REFERENCES

1.
NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

2.
NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

PAYMENT METHOD / DIRECT DEBIT COMPULSORY:

NAME OF BANK: _____ BRANCH: _____

ADDRESS OF
BRANCH: _____

BSB: _____ ACCOUNT No.: _____

OR

CREDIT CARD DETAILS

VISA/ MASTERCARD/ AMEX / DINERS

CARD No: _____ EXP.DATE: _____

NAME ON CARD: _____

Please note a surcharge applies to credit card payments (AMEX/DINERS 1.5% VISA/MCARD: 0.5%)

FUEL CARD ORDER:

Card No.	User Card	Vehicle Card	User Name or Registration	Card Limit	Monthly Card Limit (\$)	Odometer Readings	Shop Purchases
1.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>

Signature: _____ Date: _____

DECLARATION

I/We undersigned:

1. Agree that payment terms are net 7 days and thereby undertake to make all payments for all goods and services within 14 days from invoice of service. We acknowledge that if the account overdue it is automatically suspended until brought within the trading terms and all costs incurred by you in recovering overdue amounts shall be to our accounts.
2. Hereby guarantee the payments for any goods or services rendered to us by the above-mentioned company. This guarantee shall be a continuing guarantee and shall not be affected by the time or any other indulgence that may be given to you by the said applicants.
3. Authorise you to make such enquiries and disclosures, as you deem necessary and reasonable in connection with this application and the operation of the account applied for.
4. Understand that the first utilisation of any credit, which may or at your discretion, may not be provided, will indicate acceptance of all such conditions of sale.
5. The Customer agrees to pay a monthly account keeping fee of \$5.00.

SIGNATURE: _____ POSITION: _____

NAME: _____ DATE: _____

(Please print in block letters)