

BABUSHKAS

Credit Application Form

Mail: Accounts

Babushkas Imports Pty Ltd
GPO Box 2, Melbourne, Vic 3001

Fax: 03 96543453

Email - richard@babushkas.com.au
(Attention - Richard)

Date of Application: _____

Trading Name: _____ Company Name: _____

Company

Partnership

Sole Trader

ABN # _____

Street Address: _____

City: _____ State: _____ Post Code: _____

Mailing Address: _____

City: _____ State: _____ Post Code: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Bank: _____ Branch and Account Number: _____

In Business Since: _____ Accounts Payable Contact: _____

Owners or Directors Information

Name: _____ Name: _____

Private Address: _____ Private Address: _____

Telephone: _____ Telephone: _____

Drivers License No: _____ Drivers License No: _____

Trade References

Company/Trading Name: _____ Contact Name: _____

Street Address: _____

City: _____ State: _____ Post Code: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Company/Trading Name: _____ Contact Name: _____

Street Address: _____

City: _____ State: _____ Post Code: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Company/Trading Name: _____ Contact Name: _____

Street Address: _____

City: _____ State: _____ Post Code: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

I consent to Babushka Imports Pty Ltd obtaining information from the aforementioned referees in support of this application. All information, as supplied is correct to the best of my knowledge.

Signed: _____

Print Name: _____ Position: _____ Date: _____

Please Note

This online application form is available at www.babushkas.com.au/creditapp.pdf

All information will be kept in strictest confidence. We do not sell our mailing list to anyone.