



Adelaide Crash Parts Pty Ltd T/A
 Hotline Car Parts
 ABN 74 096 683 340
 9 Quinlan Avenue
 St Marys SA 5042
 Ph (08) 8277 2211
 Fax (08) 8277 0957

Application For 7 Day Credit Account

Nature of Organisation:

Sole Trader Partnership Proprietary Company Trust Other _____

Trade Name: _____

Legal Name: _____

Delivery Address: _____

Postal Address: _____

Telephone: () _____ Fax: () _____ Mobile: () _____

E-Mail: _____

ABN Number: _____

Previous Address Details (If less than 2 years): _____

Details of Partners (if Partnership)	Details of Directors (If Proprietary Company)
1. Full Name: _____	1. Full Name: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____
2. Full Name: _____	2. Full Name: _____
Home Address: _____	Home Address: _____
Home Phone: _____	Home Phone: _____

Contact Person for Accounts: _____

Trade References: (excluding Credit Cards, Fuel Suppliers, Landlord, Power & Phone)

1. _____ Phone No: _____

2. _____ Phone No: _____

3. _____ Phone No: _____

I certify that the above information is true and correct and that I am authorised to make this application for credit. In accordance with the Privacy Act (1988) I authorise any person or company to give information as may be required in response to credit inquiries. I have read and understand the GENERAL TERMS AND CONDITIONS OF TRADE (overleaf) of Adelaide Crash Parts Pty Ltd T/A Hotline Car Parts which form part of, and are intended to be read in conjunction with this Credit Application and agree to be bound by these conditions.

Signed: _____ Date: _____
 (Proprietor / Partner / Director / Authorised Signatory) Circle One

Full Name: _____ Position: _____

Guarantors Details:

Full Name: _____ Occupation: _____

Address: _____ Signature: _____