



Application for Trading Account

Please complete the following details and return this form via mail, fax or email to:
Mail: Accounts, Associated Gaskets Pty Ltd, PO Box 349, Revesby North NSW 2212
Fax: +61 (2) 9774 1500
Email: accounts@agaus.com.au

Trading Name:			
Registered Name:			
A.B.N:			
Street Address:			Post Code
Postal Address:			Post Code
Account Contact	Name:	Phone:	
	Fax:	Email:	

Owner(s)/Director(s) Information

	Name	Address	Phone Number
1.			
2.			
3.			

When did the business begin trading?

Please provide 3 trade references...

	Name	Phone	Email	Monthly Purchases
1.				\$
2.				\$
3.				\$
Credit Limit Requested:	\$			

Confirmation:

- I am authorised to make this application on behalf of the abovementioned business
- The above business agree to be bound by Associated Gaskets Terms and Conditions (a copy of which is available upon request)
- I/We understand that goods sold to us must be paid for within 30 days from the month in which the goods are delivered

Name:		Signature:	
Position:		Date:	

Office Use Only

Comments:		Rep:	
		Requested By:	

AG Sydney (Head Office)
AG Newcastle
AG Wollongong

P: 02 9774 3333, E: syd@agaus.com.au
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AG Perth P: 08 9258 5858, E: perth@agaus.com.au

Full contact details, terms and conditions and more information is available from
www.agaus.com.au