

# 7 DAYS PLUMBING AND BATHROOM SUPPLIES

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**TRADE APPLICATION FORM**

**COMPANY NAME:**

**FULL NAME:**

**ABN NUMBER:**

**HOME ADDRESS:**

**POSTAL ADDRESS:**

**OFFICE ADDRESS:**

**HOME NUMBER:**

**OFFICE NUMBER:**

**MOBILE NUMBER:**

**FAX NUMBER:**

**CREDIT LIMIT REQUEST: \$**

**BANK NAME:**

**BRANCH:**

**3 TRADE REFERENCES AND PHONE NUMBERS:**

**PLEASE TURN OVER**

## **TERMS AND CONDITIONS**

**I/WE UNDERSTAND THAT IF THE APPLICATION IS APPROVED MY/OUR ACCOUNT WILL BE SUBJECT TO THE CREDIT LIMIT ESTABLISHED AND PAYMENT WILL BE MADE WITHIN 30 DAYS. I/WE PERSONALLY ACCEPT LIABILITY FOR OUR COMPANY/BUSINESS HONOURING OF OBLIGATION AND DEBTS INCURRED PURSUANT TO THIS APPLICATION.**

**SIGNATURE:**

**NAME:**

**DATE:**