

Your Safety

MyScaffold Pty Ltd ABN: 74 162 087 130 PO Box 4207, Pitt Town NSW 2756 Email: info@myscaffold.com.au Web: www.myscaffold.com.au Mobile: 0408 557 755

I o Be Completed By Applic	ants - Please complete all se	ctions and read the Term	is and Conditions overleaf or atta	ched.			
Customer's Details: Individual Sole Trader Trust Partnership Company Other:							
Full or Legal Name:							
Trading Name (if different from above):							
Physical Address:			State:	Postcode:			
Billing Address:			State:	Postcode:			
Email Address:							
Phone No:	e No: Fax No:			Mobile No:			
Personal Details: (please complete if you are an Individual)							
D.O.B. Driver's Licence No:							
Business Details: (please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified)							
ABN:	ACN:			Date Established (current owners):			
Nature of Business:							
Paid Up Capital: \$ Estimated Monthly Purchases: \$			Credit Limit Required: \$				
Principal Place of Business is: Rented	Owned Mortgaged	(to whom):					
Directors / Owners / Trustee (if more than two	please attach a separate sh	eet)					
(1) Full Name:			D.O.B.				
Private Address:			State:	Postcode:			
Driver's Licence No:	Phone No:			Mobile No:			
(2) Full Name:	D.O.B.						
Private Address:			State:	Postcode:			
Driver's Licence No:	o: Phone No:		Mobile No:				
Account Terms:							
Purchase Order Required? YES NO Accounts to be end			ailed? 🗆 YES 🗆 N	0			
Accounts Email Address:							
Accounts Contact:			Phone No:				
Bank and Branch:			Account No:				
Trade References: (please provide companies that are willing to do trade references)							
Name:	Address:		Phone / Fax / Email:				
1.							
2.							
3.							

I certify that the above information is true and correct and that I am authorised to make this application for credit. I have read and understand the TERMS AND CONDITIONS (overleaf or attached) of MyScaffold Pty Ltd which form part of, and are intended to be read in conjunction with this Credit Account Application and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Customer I shall be personally liable for the performance of the Customer's obligations under this contract.

SIGNED (CUSTOMER):		SIGNED (CONTRACT	SIGNED (CONTRACTOR):			
Name:		Name:	Name:			
Position:	ER'S SIGNATURE:		Position:			
Signed:		Name:	Date:			
OFFICE USE ONLY						
Account / Ref. No.	CREDIT LIMIT	APPROVED BY	DATA INPUTTED	DATE		
	\$					

