



Flyveils By Design

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CREDIT APPLICATION FORM

Business Name: _____

ABN: _____

Company Name (if applicable): _____

ACN: _____

Business Address:

Postal Address: _____

Phone Number: _____ Fax Number: _____

Email: _____

Website: _____

Details of Proprietors / Partners / Directors:

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____

How long have you been trading? _____

How did you hear about us? _____

Trade References:

1. _____
Phone: _____ Fax: _____
2. _____
Phone: _____ Fax: _____
3. _____
Phone: _____ Fax: _____

Name of person(s) authorising payment of accounts:

Trading Terms

- Your first two orders are to be paid for before dispatch.
- Payment terms are 30 days from end of month.
- A late payment fee of \$15 per month may be charged.
- Subsequent orders may be withheld until all outstanding monies are paid.

I agree to the above Trading Terms:

Signed: _____

Name: _____

Date: _____

PLEASE COMPLETE AND RETURN TO FAX 08 9295 6545

THANK YOU
SAM & DAYMON
FLYVEILS BY DESIGN