

WHOLESALE CASH ACCOUNT APPLICATION

Please complete and email to your account manager

Company Name:		Company No:
Trading Name:		
Physical Address:		Postcode:
Billing Address:		Postcode:
Email Address:	Phone No:	
Directors / Owners / Trustee (if more than two, please attach a separate sheet)		
(1) Full Name:		D.O.B.
Private Address:		Postcode:
Driver's Licence No:	Phone No:	Mobile No:
(2) Full Name:		D.O.B.
Private Address:		Postcode:
Driver's Licence No:	Phone No:	Mobile No:
Date Business / Company Established: (current owners)		Approx. annual tech spend: (min \$20k) \$
Nature of Business:		Or Number of Staff :
Purchase Order Required: <input type="checkbox"/> YES <input type="checkbox"/> NO Example PO number:		
IT Purchasers Email Address:		
Accounts Email Address:		
Accounts Contact:	Phone No:	Mobile No:
Bank and Branch:	Account No:	

Wholesale Web Portal Access (note: those with user control can add and remove users)		
Name	Username (email address)	User control permission Y/N

I certify that the above information is true and correct and that I am authorised to make this application.

SIGNED (CUSTOMER): _____

Name: _____

Position: _____

PLEASE INITIAL HERE: _____