

KING of the ROAD

Vehicle Cleaning Systems

APPLICATION FOR NEW ACCOUNT

Company/Client's Name:

Trading Name:

Address:

Postal Address:

Telephone: Mobile Fax.....

Occupation or Business:.....

Trading Bank:

ABN No Date of Registration

Has the Applicant been Bankrupted or Assigned his Estate for the Benefit of Creditors? Yes/No

Name of Contact Person Responsible for this Account.....

Signature of Applicant Date of Application.....

Trading References (Provide Company Name, Phone Number and Contact person)
Company Name Phone Number Contact Person

1.

2.

3.

I, as a bonafide company representative, hereby agree to abide by your **TWENTY ONE DAY TRADING TERMS** and acknowledge that this is a legal binding document.

Signature Title

(Person Authorising Account)

Please Print Name

This account requires payment strictly within **TWENTY ONE DAYS**.

