



ABN 38 010 886 325
 PO Box 2019 Castletown
 HYDE PARK QLD 4812
 Phone 07 4431 0860
 Fax 07 4771 4302
 www.dootown.com

APPLICATION FOR CREDIT

Trading Name _____ Company Name: _____

Mailing Address: _____ Delivery Address: _____

Telephone: _____ Fax: _____

ABN: _____ Contact Name: _____

Website: _____ Email Address: _____

Owner Director: _____ Owner Director: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Fax: _____ Fax: _____

Email Address: _____ Email Address: _____

Please Complete 2 Trade References:

Trading Name: _____ Trading Name: _____

Address: _____ Address: _____

Telephone: _____ Telephone: _____

Fax: _____ Fax: _____

Email Address: _____ Email Address: _____

Terms and Conditions:

All goods remain the property of Doo Town until payment is received in full.

Payment terms – **STRICTLY net 30 days.**

By signing this application, you are agreeing to our terms and conditions of sale.

Applicant(s) Signature: _____

Date: _____

For Office Use Only: References Checked

Comments: _____
