## PERMA

## PERMA COMPOSITES PTY LTD

ABN: 17 100 854 108

A: 14 Garino Rise Wangara WA 6065 A: PO Box 1654 Wangara DC WA 6947 P: +61 8 6222 6681

## **APPLICATION FOR TRADING ACCOUNT**

Please return either by email <a href="mailto:accounts@permacomposites.com">accounts@permacomposites.com</a>

Name of Company			
Trading Name			
Physical Address			Post Code:
Postal Address			Post Code:
ABN :	Telephone :	Fax No :	
Website Address			
Accounts Payable Contact:		Email :	
Sales Contact:		Email :	
Directors / Owner			
(1) Surname :	First Name :	Phone :	
Address :			
(2) Surname :	First Name :	Phone :	
Address :			
(3) Surname :	First Name :	Phone :	
Address :			
Bank :	Branch :		
Monthly Requirements : \$_	Payment by: D	irect Credit / Credit Card	

Note – Credit Card Payments will incur a 1.9% Fee to cover Bank Charges



## TRADE REFERENCES:

1.	Name	Phone No :	
		Email :	
		Fax No :	
2.	Name	Phone No :	
		Email :	
		Fax No :	
3.	Name	Phone No :	
		Email :	
		Fax No :	
Condit	ions of Supply		
1)	Any costs incurred in the collection of an outsta other incidentals will be added to the outstanding	nding account, including commission, legal expenses and	
2)		_	
3)	0		
I / We h	ereby make application for a Trading Account.		
Director	/ Owner :	Signature :	
Title	:	Date :	