



Cosimer PTY LTD
ABN 62 603 974 189
PO Box 287, Prahran VIC 3181
p: 03 9645 1933
f: 03 9681 9422

To apply for an account:
**Please fill out and return
by post, fax or email.**

info@cosimer.com.au
www.cosimer.com.au

Credit Account Application Form

Business Contact Information

Company Name: _____
Contact Name: _____
Phone: _____ Fax: _____ E-mail: _____
Address: _____
City: _____ State: _____ Post Code: _____
In Business Since: _____ ABN: _____
Sole Trader Partnership Limited Liability Other _____
Bank: _____ BSB: _____ Account No: _____

Shipping Address Same as above

Company Name: _____
Phone: _____ Fax: _____ E-mail: _____
Address: _____
City: _____ State: _____ Post Code: _____

Accounting department

Contact Name: _____ Phone: _____ Email: _____

Business / Trade References

Company name: _____	Company name: _____
Contact name: _____	Contact name: _____
Address: _____	Address: _____
City: _____ Post Code: _____	City: _____ Post Code: _____
Phone: _____	Phone: _____
Fax: _____	Fax: _____
Email: _____	Email: _____

Agreement

1. All invoices are to be paid 30 days after the date of invoice
2. Any claims arising from invoices must be made within seven working days of receipt of invoice
3. By submitting this application, you authorise Cosimer PTY LTD to make inquiries into the business / trade references that you have supplied.

Printed name: _____ Date: _____

Signature: _____