



Bright Industrial Group Pty Ltd T/A **Dorvik Port Macquarie**

ABN: 19 612 045 128 PO Box 5241, Port Macquarie NSW 2444 Phone: (02) 6581 1221

Email: admin@dorvikpm.com.au

CREDIT ACCOUNT APPLICATION

To Be Completed By Applicants - Please complete all sections and read the Terms and Conditions of Trade overleaf or attached.

Client's Details: ☐ Individual ☐ Sole Trader ☐ Trust ☐ Partnership ☐ Company ☐ Other:							
Full or Legal Name:							
Trading Name (if different from above):							
Physical Address:					State:	Postcode:	
Billing Address:					State:	Postcode:	
Email Address:							
Phone No: Fax No:					Mobile No:		
Personal Details: (please complete if you are an Individual)							
D.O.B. Driver's Licence No:							
Business Details: (please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified)							
ABN: ACN:					Date Established (current owners):		
Nature of Business:							
Paid Up Capital: \$	Paid Up Capital: \$ Estimated Monthly Purd			chases: \$	Credit Limit Required: \$		
Principal Place of Business is: ☐ Rented ☐ Owned ☐ Mortgaged (to whom):							
Directors / Owners / Trustee (if more than two, please attach a separate sheet)							
(1) Full Name:					D.O.B.		
Private Address:				State:	Postcode:		
Driver's Licence No: Phone No:				Mobile No:			
(2) Full Name:				D.O.B.			
Private Address:					State:	Postcode:	
Driver's Licence No:		Pho	ne No:		Mobile No:		
Account Terms: 30 Days COD Other:							
Account Terms.	30 Days 🗀 COD		Alliel.				
Purchase Order Requir				Accounts to be em	ailed? ☐ YES ☐ N	IO	
	ed?			Accounts to be em	ailed? ☐ YES ☐ N	10	
Purchase Order Requir	ed?			Accounts to be em	ailed?	IO	
Purchase Order Require Accounts Email Addres	ed?			Accounts to be em		IO	
Purchase Order Require Accounts Email Addres	ed? YES	□ NO			Phone No: Account No:		
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