



**65 Denning Street
North Rockhampton 4701
Queensland.
Phone 0749264433
Fax 0749264455**

NEW ACCOUNT APPLICATION

Customer's Full Name: _____
(Please tick) Sole Trader _____ Partnership _____ LTD. Company _____
Trading as _____
Physical Address _____
Postal Address _____
Nature of Business _____
Number of Years in Business _____
Telephone _____ Fax _____
Contact Name _____ Position _____
E-Mail: _____

OWNERSHIP: Owner's/ Director's names in full

1. _____ Home phone number _____
Home Address _____

2. _____ Home Phone Number _____
Home Address _____

IF A LIMITED COMPANY Address of Registered Office: _____

Accountant _____ Phone No. _____
Bank _____ Phone No. _____

TRADE REFERENCES.

Company	Contact Name	Phone Number
1. _____		
2. _____		
3. _____		

Terms of Credit

Payment by Fourteen Days of the invoice date.

15% interest will be charged on outstanding amounts after Fourteen Days.

Queensland Brewing Co. remains the owner of the goods until the payment is made in full.

I agree to the terms and conditions set out above.

Signed _____ Print name _____ Date _____