

APS, Lighting & Safety Products Company
ABN 24 370 127 154
ACCOUNT APPLICATION



(All information contained in this report will be treated in the strictest confidence)

BASIC COMPANY INFORMATION:

Company Legal Name: _____

Company Trading Name(s): _____

ABN Number #: _____

Resellers Certificate (US Companies Only) No: _____ Attached

Address: _____

City / ZIP / Country: _____

Shipping Address: _____

City / ZIP / Country: _____

Principal Contact: _____

Email Address: _____

Company Web Address: _____

Accounts Payable Contact: _____

Email Address: _____

Principals / Officers:

Name: _____ DOB: _____ Title: _____

Name: _____ DOB: _____ Title: _____

Name: _____ DOB: _____ Title: _____

Name: _____ DOB: _____ Title: _____

BANK INFORMATION:

Name of Bank:	Contact:
Address:	City / ZIP:
Phone:	Fax:
Type of Account:	Account Number:

BUSINESS INFORMATION:

In Business Since: / /

Incorporated Since: / /

Stores:

Employees:

Sales Staff:

Are Business Premises: Owned Rented

If Subsidiary, Name of Parent Company:

Form of Business: Sole Proprietorship Partnership
 Private Company Public Company

Type of Business: Wholesaler Distributor
 Reseller / Dealer End-User

*** Wholesaler / Distributor / Dealer Section Only:**

Business Activities & Products Sold / Stocked (brief description):

Sales by Industry:

_____ % Mining	_____ % Oil & Gas	_____ % Construction
_____ % Agriculture	_____ % Transportation	_____ % Other

Regions Selling to:

_____ % WA	_____ % QLD	_____ % NT
_____ % VIC	_____ % NSW	_____ % TAS
_____ % SA	_____ % SE Asia	_____ % Other

TRADE REFERENCES:

Company 1: _____ (Name)

Contact _____ Telephone _____ Fax _____
Address _____ State _____ Poscode _____

Company 2: _____ (Name)

Contact _____ Telephone _____ Fax _____
Address _____ State _____ Poscode _____

Company 3: _____ (Name)

Contact _____ Telephone _____ Fax _____
Address _____ State _____ Poscode _____

GENERAL INFORMATION:

Permission is herewith granted to obtain credit information from all listed references including my bank. All financial information submitted in support of this credit application is true and complete in all respects. The undersigned hereby absolutely and unconditionally guarantees to APS the due payment of all moneys which shall at any time hereinafter become due to APS. **The name(s) below authorize APS to investigate the above mentioned company and / or its principals:**

Signature:

Name: _____ **Title** _____ **Date:** / / **/2006**

Signature:

Name: _____ **Title** _____ **Date:** / / **/2006**

FAX TO:
APS – AUSTRALIA 08 9248 4901

APS - Australia
American Purchasing & Supply Company
A.B.N. 24 370 127 154