



## Dealer Application Form

Business Contact Information			
Company name:		A.C.N./A.B.N:	
Trading as:			
Registered Business Address:			
City:		State:	Post Code:
Phone:	Fax:	E-mail:	
Date business commenced:		Monthly Turnover with Us ETA AUD\$	
Contact name:		Title:	
Sole proprietorship:	Partnership:	Company:	Other:
Nature of Business:		Market Channel:	
Business/trade references			
Company name:			
Address:		State:	Post Code:
City:	Fax:	E-mail:	
Phone:			
Type of account:			
Company name:			
Address:		State:	Post Code:
City:	Fax:	E-mail:	
Phone:			
Type of account:			
Company name:			
Address:		State:	Post Code:
City:	Fax:	E-mail:	
Phone:			
Type of account:			
Trading Terms			
<ol style="list-style-type: none"> <li>1. All invoices are to be paid at the time of order, unless otherwise arranged</li> <li>2. Credit facilities, if given, may be withdrawn on overdue accounts at the @ProImage discretion without notice</li> <li>3. This application is to be completed in full and Dealer Status will not apply until approved</li> <li>4. A postal box number is not acceptable as Business Address</li> <li>5. The address of services of notices shall be the trading address and the home address of any one of Directors or the Registered Office of the choice of which will be the prerogative of @ProImage</li> <li>6. It is understood that payment is due by the day of dispatch/collection of good/s. Should payment be defaulted then the good/s will not be released. The property of goods sold still belongs to @ProImage until the payment cleared</li> </ol>			
Declaration			
<p>I/ We certify that I/We have not been / are not Bankrupt and the applicant Firm/Company is solvent and can pay its debts as and when they fall due. Fully accept the trade conditions above.</p>			
Applicant's Signatures: _____		Print Name: _____	
Position: _____		Date: _____ / _____ / _____	