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CASH ACCOUNT APPLICATION

APPLICANT'S PARTICULARS:

Customer's Full Legal Entity / Name: _____

Trading as: _____

Type of business: Sole Trader Partnership Private Company Public Company

AC.N NO: _____ ABN NO: _____

Name of Owners/Directors: _____

Postal Address: _____

Trading Address: _____

Business Telephone: _____ A/H Telephone / Mobile: _____

Fax: _____ Business Email Address: _____

Nature of business/occupation: _____

Purchases must be made on Order Number: Yes No

Contact Person (For Purchasing): _____

Contact Person (For Accounts): _____

Signed for and on behalf of the Customer by an authorised person:

Signature: _____

Name: _____

Date: _____