

Phasefale Proprietary Limited ACN 078 932 448

.....New Account Application.....

Full Name of Business: Date:

Street Address: (not P. O. Box)

Postal Address: or As Above

Phone No.: Facsimilie No.:

Nature of Business

Registered Office Address:

Name and addresses of Directors, Partners or Owners:

Full Name:	Private Address:	Telephone:
.....
.....
.....

How much do you estimate your maximum monthly purchase would be ? \$.....

Bankers: Account No.:
Branch: Phone:

Name and addresses of three current trading references:

1.
Phone No.: Fax No.:
2.
Phone No.: Fax No.:
3.
Phone No.: Fax No.:

1/We certify that the information submitted above is true and correct and that I am authorised by my Company to sign this application to accept your Credit Terms and to grant permission to refer this application to our bankers and the Trading references noted above. It is further noted that our terms are STRICTLY 30 DAYS NETT. On making this application we acknowledge the principle that interest is charged by arrangement on overdue accounts.

Authorised Signature:

Name: (In block letters)

Position: