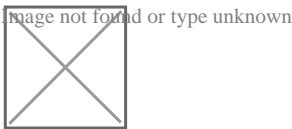


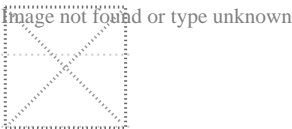
Quality Management System

Application For Credit Account

Return Credit Application To: 33 Glenvale Crescent, Mulgrave, VIC 3170, admin@intercel.com.au or
Fax To: 03 9561 2614



Company Name: Intercel



Street Address: Intercel

Invoicing Address: Intercel

Phone: Intercel

Fax: Intercel

Email: Intercel

No of Employees: Intercel

Annual Sales: Intercel

ABN No: Intercel

Ownership: Company: ☐ Partnership: ☐ Individual: ☐

PARTNERS/DIRECTORS	HOME ADDRESS	TELEPHONE	E-MAIL	a	a	a	a
a	a	a	a				
a	a	a	a				

Bank: Intercel

Address: Intercel

Nature of Business: Intercel

Year Established: Intercel

Expected Monthly Purchase:
Intercel

Credit Requested: Intercel

Terms: 30 Days from
invoice date

TRADE REFERENCES:

Please supply details of four current accounts operating at a similar level of credit. (Ph & Fax No's for account dept's must be included):

COMPANY	ADDRESS	TELEPHONE	E-MAIL	a	a	a	a
a	a	a	a				
a	a	a	a				
a	a	a	a				

CONTACTS

	NAME	TELEPHONE	E-MAIL	GENERAL MANAGER	a	a	a
GENERAL MANAGER	a	a	a				
PURCHASING OFFICER	a	a	a				

Applicants Signature: a

Name: a

Title Position: a

Date: a
