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03 9318 3228
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Visit: www.jakmax.com.au

CREDIT APPLICATION FORM

Company Name: _____

Australian Business Number (ABN): _____

Contact Person and Position: _____

Postal Address: _____

_____ Post Code _____

Delivery Address: _____

_____ Post Code _____

Phone _____ A.C.N. _____

Fax _____ Date of Incorporation _____

Email: _____

Director's Name 1. _____

2. _____

Estimated Monthly Purchase _____ Requested Credit Limit _____

Number of Employees _____

Type of Business _____

Other Relevant Information _____

Trade References:

1 _____ Phone () _____ Avg. Monthly Vol. _____

Fax () _____

2 _____ Phone () _____ Avg. Monthly Vol. _____

Fax () _____

I have read and agree to JAK Max Pty. Ltd. trading terms and conditions

Name _____ Signature _____ Date _____

Website Dealer Log-in Account: *If you would like order on-line at www.jakmax.com.au please fill in the below.*

User Name _____ Password _____