

The K & R Harm Management Services Trust Trading As Managed Solutions

ABN 69 845 054 705 PO Box 530 Ipswich QLD 4305 Ph (07) 3810 3434 Fax (07) 3812 1751

## **Application For Credit Account**

Nature of Organisation: Sole Trader □ Partnership □ Proprietary Com	Fax (07) 3812 1751  npany □ Trust □ Other □
Trade Name:	
Legal Name:	
Delivery Address:	
Postal Address:	
Telephone: ( ) Fax: ( )	
Registered Office:	
ABN Number:	
Previous Address Details (If less than 2 years):	
Details of Partners (if Partnership)	Details of Directors (If Proprietary Company)
1. Full Name:	1. Full Name:
Home Address:	
Home Phone:	
2. Full Name:	
Home Address:	
Home Phone:	
Name and Branch of Bank:	Phone:
Bank Account Number:	
Accountants Name and Address:	
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2.	DI N
3.	DI N
I certify that the above information is true and correct and that I am authorised to make this application for credit. In accordance with the Privacy Act (1988) I authorise any person or company to give information as may be required in response to credit Inquiries. I have read and understand the GENERAL TERMS AND CONDITIONS OF TRADE (overleaf) of The K & R Harm Management Services Trust T/A Managed Solutions which form part of, and are intended to be read in conjunction with this Credit Application and agree to be bound by these conditions.	
Signed:	Date:
(Proprietor / Partner / Director / Authorised Signatory) Circle One	
Full Name:	Position:
Guarantors Details (if required): Full Name:	Occupation:
Address:	Signature: