



Wholesale Distributors

1 Corbusier Place,
Balcatta, Western Australia 6021
Telephone: 08 9240 2088
Facsimile: 08 9240 2988
EMAIL: info@phfwa.com
www.perthhealth.net

APPLICATION FOR CASH/CREDIT CARD ACCOUNT

Registered Trading Name: _____

ABN: _____ Industry: _____

Address: Business: _____

Postcode: _____

Postal: _____

Postcode: _____

Phone: _____ Fax: _____ Email: _____

Full Names of Directors (Company), Proprietors (Firm) & Trustees (Trust)

Table with 4 columns: Surname, Other Names, Address, Phone. Includes three rows of blank lines for data entry.

Previous Business or Occupation: _____

Business References (Two required)

Table with 3 columns: Name, Address, Phone. Includes two rows of blank lines for data entry.

Bank: _____ Branch _____

Period Operated: _____ Probable Monthly Purchases: \$ _____

Signature: _____ Dated: _____