

Please mail a signed original copy of the completed form to:

Consolidated Veneers
PO Box 194
Fairfield NSW 1860

Business name :	Trading name (if applicable):
Type of business (tick one) : <input type="checkbox"/> Company; <input type="checkbox"/> Partnership; <input type="checkbox"/> Sole trader; <input type="checkbox"/> Trust; <input type="checkbox"/> Other (specify)	

Privacy and Confidentiality Notice

The information contained in this document is privileged and confidential, intended only for the internal use. If you are not the intended recipient, you are hereby notified that any dissemination, distribution, copying or use of the information herein is strictly prohibited.

Business contact details

Contact names (1) :	(2) :
Office phone : ()	Factory : ()
Facsimile : ()	Email :
Delivery Address	Postal Address
Suburb State P'code	Suburb State P'code
ABN :	Registered office:

Business information

Nature of business (please tick) : <input type="checkbox"/> Kitchen maker; <input type="checkbox"/> Cabinet maker; <input type="checkbox"/> Joinery; <input type="checkbox"/> Board supplier; <input type="checkbox"/> Domestic furniture manufacturer; <input type="checkbox"/> Commercial furniture manufacturer; <input type="checkbox"/> Government; <input type="checkbox"/> Retail/hardware outlet; <input type="checkbox"/> Component manufacturer / cut-to-size; <input type="checkbox"/> Other:
If applicable, type of edgebander (please tick) : <input type="checkbox"/> Hotmelt; <input type="checkbox"/> Hot air; <input type="checkbox"/> Other (please specify)

Directors/Partners/Proprietors incl full residential address (full details of 2 directors)

Name :	Name :
Title :	Title :
Address :	Address :
Suburb State Postcode	Suburb State Postcode

Trade/credit references - excluding related companies

Company / Organisation name	Limit	Terms	Phone and fax numbers	Contact name
1.				
2.				
3.				
4.				
Bank	Branch	Account no.		

Terms of agreement

I/We agree to the Standard Terms and Conditions of Sale of Consolidated Veneers Pty Ltd	
Signed	Date
Full name of signatory	Capacity (director/partner/proprietor)

Office use only

A/C no.:	Level:	Date opened:	Limit/terms:	Authorised:
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