



APPLICATION FOR CREDIT 30 DAYS

ZEREX PTY LIMITED T/A SIMOTAS FOOD DISTRIBUTORS A.B.N. 48 003 491 496

Full Name of Applicant:

Address for Accounts:.....

Postcode.....Telephone #:.....Fax:#.....

Mobile #.....E-mail.....

If Company / Business Name

Full Name:.....A.B.N.....

Company Address:.....

Suburb.....State.....Postcode.....

Telephone No for Accounts:.....Fax.....

Mobile #.....E-mail.....

Company Bank:.....Branch.....

Full Name of First Director/Guarantor:.....

Residential Address:.....

Suburb.....Postcode.....House: Owned / Paying off / Rented

Date of Birth:.....Licence No:.....

Telephone Number: Home.....Mobile.....

Applicant's Bank.....Branch.....

Motor Vehicle Type:.....Reg.No:.....

How long your Company has been trading.....

Full Name of Second Director/Guarantor:.....

Residential Address:.....

Suburb.....Postcode.....House: Owned / Paying off / Rented

Date of Birth:.....Licence No:.....

Telephone Number: Home.....Mobile.....

Applicant's Bank.....Branch.....

Motor Vehicle Type:.....Reg.No:.....

