

APPLICATION TO:
 OPEN 30 DAY JOINT CREDIT ACCOUNT
 CASH SALE CHEQUE A/C



ABN 62 004 441 614

Registered Office: 667 Glenferrie Road
 Hawthorn 3122 Victoria Australia
 t: +613 9819 1122 f: +613 9819 2854
 e: accounts@dobsons.com.au
 sales@dobsons.com.au

Office Use:

APPLICANT 1:

Title	Given Names	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential Address	Suburb	Postcode	Drivers Licence No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Mobile	Fax	E-Mail
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and Address of Nearest Relative Not Living with You			
<input type="text"/>			
Employer's Name	Business Address	Business Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

APPLICANT 2:

Title	Given Names	Surname	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Residential Address	Suburb	Postcode	Drivers Licence No
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Phone	Mobile	Fax	E-Mail
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name and Address of Nearest Relative Not Living with You			
<input type="text"/>			
Employer's Name	Business Address	Business Phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

CHILDREN:

Names	School	Year Level
<input type="text"/>	<input type="text"/>	<input type="text"/>
Names	School	Year Level
<input type="text"/>	<input type="text"/>	<input type="text"/>
Names	School	Year Level
<input type="text"/>	<input type="text"/>	<input type="text"/>

TERMS & CONDITIONS:

1. All accounts are payable at our Registered Office, 667 Glenferrie Rd, Hawthorn 3122 Victoria Australia
2. All correspondence to be addressed to our Registered Office
3. Settlement Net 30 Days. Monthly account fees will be charged on overdue accounts at the rate specified on the invoice.
4. If Account Cards are issued: They remain the property of Dobson's Pty Ltd and are NOT transferrable; If lost or stolen please advise our Registered Office within forty eight hours.
5. Should the Account Holder(s) wish to close the account, advice must be in writing to our Registered Office and the account will remain operative until ALL the cards issued against the account are returned to our Registered Office.
6. Applicants agree that Dobson's Pty Ltd can make credit checks and discuss this application with others.

I/we hereby agree to the terms and conditions above, and acknowledge that any card issued pursuant to this application is governed by the same terms and conditions.

Date Signature of Applicant 1

Date Signature of Applicant 2