

# ACCOUNT APPLICATION FORM

For trade, prepaid and credit account enquiries.

**Please email completed forms to sales@worksitesentials.com.au**

Complete this form by hand and return it with your business, contact and trade reference details for review.

## Account Type

- Non-Credit / Prepaid       Credit Account Application

**Requested Credit Limit**

Credit accounts are subject to review and approval by WorkSite Essentials.

## Business Details

**Legal Business Name**

**Trading Name**

**ABN**

**ACN**

**Business Type**

**Nature of Business**

**Date Established**

**Estimated Monthly Purchases**

## Address Details

**Physical Address**

**Billing Address**

**Delivery Address**

**Additional Branch / Warehouse Address**

## Contact Details

**Main Contact Name**

**Position**

**Phone**

**Mobile**

**Email**

**Accounts Contact Name**

**Accounts Email**

**Purchasing Contact Name**

**Purchasing Email**

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## Purchase Requirements

### Purchase Order Required?

Yes  No

### Accounts to be emailed?

Yes  No

### Main products required

Gloves  Hi-Vis  First Aid Kits  Safety Glasses  Site Consumables  
 Other \_\_\_\_\_

## Trade References

### Trade Reference 1

Company Name

Contact Person

Phone

Email

### Trade Reference 2

Company Name

Contact Person

Phone

Email

### Trade Reference 3

Company Name

Contact Person

Phone

Email

## Declaration & Signature

- I confirm the information provided is true and correct and I am authorised to submit this application on behalf of the business.
- I understand that approval of a credit account is subject to review by WorkSite Essentials.

Authorised Name

Position

Date

Signature

Applications are reviewed by WorkSite Essentials using the business, contact and trade information provided. Please email completed forms to [sales@worksitesentials.com.au](mailto:sales@worksitesentials.com.au).