



Oldfields Advance Scaffold
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 ABN: 40 088 478 399

APPLICATION FOR 30 DAY SCAFFOLD ACCOUNT

Applicants Details:

Registered Business/Company Name:			
Trading Name:			
A.C.N Number:		A.B.N Number:	
Business Type:	Sole Trader <input type="checkbox"/> Pty Ltd Co. <input type="checkbox"/> Partnership <input type="checkbox"/> Other		
Present Ownership Since:			
Trading Address:			
Postal Address:			
Registered Business Address:			
Tel:	()	Fax:	()
		Mobile:	
Email:			
Accounts Payable Contact:		Tel (Direct):	
Do you have Businesses in any other States Y / N Please Specify State : NSW <input type="checkbox"/> VIC <input type="checkbox"/> SA <input type="checkbox"/> WA <input type="checkbox"/> NT <input type="checkbox"/> QLD <input type="checkbox"/>			
Do you wish to receive product specials by email Yes <input type="checkbox"/> No <input type="checkbox"/>			
Contact Name:			
Email:			

Directors/Partners /Applicant	Address	Signature

AUTHORITY TO SIGN

The person signing warrants that they have authority to sign on behalf of and to bind the applicant and that the information provided is true and correct.

CREDIT ENQUIRIES

Permission is hereby granted to Oldfields to carry out such credit enquires as the Company may in its discretion determine.

PRIVACY INFORMATION POLICY

The company aims to protect your privacy as part of the Australian Privacy Principles under the Privacy Act. (Privacy Principles are available upon request or by visiting www.oldfields.com.au)

PAYMENT TERMS

- 1. Payment Terms are 30 days from end of month.
- 2. I acknowledge that Oldfields may place accounts outside of Terms on credit hold.
- 3. I acknowledge acceptance of Oldfields Terms and Conditions of Hire and Sale as outlined on www.oldfields.com.au

Name:..... Signature..... Date:

Position: