

Protective Film Pty Ltd Factory 5 Goulburn Street Kings Park NSW 2148, Australia PH: (02) 8064 7033

E: admin@protectivefilm.com.au

## \*\*Please complete all details in full. Please tick as applicable\*\*

| ☐ SOLE TRADER  | □ сомря    | ANY If so, is this a TRUSTEE COMPANY? |  |  |
|--|------------|---------------------------------------|--|--|
| PARTNERSHIP  | Yes: Na    | me of Trustee Co:                     |  |  |
|  | □ No       |                                       |  |  |
|  |            |                                       |  |  |
| Name of Company:   |            |                                       |  |  |
| Trading Name:  |            |                                       |  |  |
| Address of Business:   |            |                                       |  |  |
| State:   | Post Code: |                                       |  |  |
| Postal Address (if different):                               |            |                                       |  |  |
| State: Post Code:  |            |                                       |  |  |
| Date commenced Business:                                     |            |                                       |  |  |
| A.B.N. Number : ACN Number :                                 |            |                                       |  |  |
| Telephone Number (Please insert area code) ()                |            |                                       |  |  |
| Facsimile Number(Please insert area code) ()                 |            |                                       |  |  |
| Type of Business:  |            |                                       |  |  |
| Contact name for Orders:                                     |            |                                       |  |  |
| Email address for Orders:                                    |            |                                       |  |  |
| Contact name for Accounts Payable:                           |            |                                       |  |  |
| Email address for accounts payable:                          |            |                                       |  |  |
| Postal address for Accounts Payable if different from above: |            |                                       |  |  |
|  |            | Post Code:                            |  |  |
| DETAILS OF SOLE TRADER OR PARTNERSHIP OR COMPANY             |            |                                       |  |  |
| Name of Directors or Inc                                     | dividuals  | Private Address                       |  |  |
| 1  |            |                                       |  |  |
| 2  |            |                                       |  |  |
| 3  |            |                                       |  |  |

| Name:   | Phone: (Include area code)   | Email Address   |
|---|--|---|
| 1   |  |   |
| 2   |  |   |
| 3   |  |   |
| 4   |  |   |
| <ol> <li>The information contain</li> <li>I/We acknowledge and a</li> </ol>   | ed herein is true and correct  | d state and acknowledge the following: strictly 14 days from date of invoice.   |
| Director / Partner / Owner:   |  | Date:/  |
|   | NITY OF DIRECTOR/S  ") in consideration of Protective Film   |   |
| (hereinafter called the "applican forth do hereby for myself/my e any time default shall be made in Film or any part thereof-under woondition of the within credit are on demand by the said Protective due and payable to the said Protective due and payable to the said Protective whatsoever which the said Protective This guarantee and indemnity shall the part of the said Protective Fi within credit arrangements or by observance or by any other thing the effect of releasing me/my ex | In the payment of the balance account within credit arrangement or in the per rangement to be performed or observe a Film pay to Protective Film the who extive Film and will keep the said Protective Film and will keep the said Protective Film may incur by reason of any all be continuing and shall not be related in the protective film in enforcing payment of any of the time given to the applicant for any standard which under the law relating to sure ecutors or administrators. Nor shall a ring up pursuant to the Companies Active in the protection of the protection of the companies Active Protection of the protection of | a the terms and conditions herein set with the said Protective Film that if at of the said applicant with Protective formance or observance of any term or ed credit to the applicant I will forthwith ole of such monies which shall then be tective Film indemnified against all sees, costs, charges and expenses y default as aforesaid on the applicant. Eased by any neglect of forbearance on a money payable under and/or the uch payment performance or ties would but for this provision have |
| IN WITNESS I have her   | eunto set my hand this   | day of20  |
|   | In the pres  | ance of   |

Signed.....WITNESS

Name......PLEASE PRINT

By the said ......DIRECTOR

.....DIRECTOR

.....DIRECTOR