Credit Application

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Bussiness Information :-				
Legal Name of Entity	ABN	Trading Name	A.C.N	
Ajit	7412536	Test	74125369	
Trust Name	Account Type	Large Equipment	Account Required	
Test user	Company	yes		
Date of Incorporation	Phone	Mobile	Email	
12-10-1992	784513339	085236 98741	ajit@gmail.com	
HS Account	Business Activity	Chairs At Practice	e	
Test	Tests	789RR		
Billing Information:-				
Address Line 1	Address Line 2		City	
Test	user		Metro	
State/Region/Province *	Postal / Zip Code *		Country *	
Australian Capital Territory	2600		AU	
Delivery Information :-				
Address Line 1	Address Line 2		City	
Test	user		Metro	
State	Postal / Zip Code		Country	
Australian Capital Territory	2600		AU	
Dentist Information :-				
Dentist Name	Phone Number		Dentist Registration Number	
Dan	7845215421		87465544554	
Accounts Information :-				
Contact Person	Phone		Email	
Test	085236 98741		ajitdd@gmail.com	
Director / Proprietors Informat	ion :-			
Director / Proprietor 1 - Full Name	Director / Proprietor 1 - Address		Director / Proprietor 1 - Phone	
Test	Test		08523698741	
Director / Proprietor 2 - Full Name	Director / Proprietor	·2 - Address	Director / Proprietor 2 - Phone	
Ajit Dadresa	Director / Proprietor 2 - Address Test		7894612674	
Director / Proprietor 3 - Full Name	Director / Proprietor 3 - Address		Director / Proprietor 3 - Phone	
Test	Test		0874517831	

Credit Application

Trade References :-

Company Name 1

Test

Company Name 2

Ajit Dadresa

Drivers Licence

Signature



Company Address 1

Test

Company Address 2 Test Company Phone 1 08523698741

Company Phone 2 7894612674

Security Question: Mothers Maiden name WED



Deed Schedule :-

Deed Senedale .					
Name of Customer	ABN or ACN	Address of Customer	Date		
Test	123456	New	02-10-1990		
Guarantor :-					
Guarantor 1 - Full Name	Guarar	ntor 1 - Home Address	Guarantor 1 - Date		
Ajit Dadresa	Test		12-10-1992		
Signature		Security Question: Mothers Maiden name			
		253			
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Guarantor 2 - Full Name

Guarantor 2 - Home Address

Guarantor 2 - Date 12-10-1992

Test

Signature

Test

Security Question: Mothers Maiden name Test

llm

Witness :-

Full Name

Home AddressDateTest12-10-1992

Signature

Test