Credit Application

Bussiness Information :-

Legal Name of Entity	ABN	Trading Name	A.C.N
Test	553232	test	874545

Trust Name	Account Type	Large Equipment Account Required	
test	Sole Trader	no	

Date of Incorporation	Phone	Mobile	Email
11-08-2023	085236 98741	085236 98741	dadasre@gmail.com

HS Account	Business Activity	Chairs At Practice	
adssada	Tests	8745541	

Billing Information:-

Address Line 1	Address Line 2	City
Test	user	Metro

State/Region/Province *	Postal / Zip Code *	Country *
Victoria	1000	AU

Delivery Information :-

Address Line 1	Address Line 2	City
Test	user	Metro

State	Postal / Zip Code	Country
Victoria	1000	AU

Dentist Information :-

Dentist Name	Phone Number	Dentist Registration Number
SDDD	085236 98741	87452121

Accounts Information :-

Contact Person	Phone	Email
Test	085236 98741	test@gmail.com

Director / Proprietors Information :-
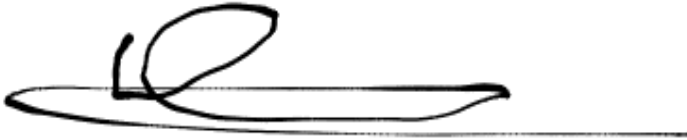
Director / Proprietor 1 - Full Name	Director / Proprietor 1 - Address	Director / Proprietor 1 - Phone
Test	Test	085236 98741

Director / Proprietor 2 - Full Name	Director / Proprietor 2 - Address	Director / Proprietor 2 - Phone
Ajit Dadresa	Test	78946126

Director / Proprietor 3 - Full Name	Director / Proprietor 3 - Address	Director / Proprietor 3 - Phone
Test	Test	78946126

Credit Application

Trade References :-

Company Name 1	**Company Address 1**	**Company Phone 1**
Test	Test	085236 98741
Company Name 2	**Company Address 2**	**Company Phone 2**
Ajit Dadresa	Test	78946126

Signature

Security Question: Mothers Maiden name

RR

Drivers Licence

Deed Schedule :-

Name of Customer	ABN or ACN	Address of Customer	Date
Ajit Dadresa	8745122121	Test	25-08-2023

Guarantor :-

Guarantor 1 - Full Name	**Guarantor 1 - Home Address**	**Guarantor 1 - Date**
Test	Test	02-09-2023

Signature

Security Question: Mothers Maiden name

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Credit Application

Guarantor 2 - Full Name	Guarantor 2 - Home Address	Guarantor 2 - Date
Test	Test	24-08-2023

Signature

Security Question: Mothers Maiden name

dsada

Witness :-

Full Name	Home Address	Date
Test	Test	26-08-2023

Signature