

Credit Application

Bussiness Information :-

| | | | |
|-----------------------|-------------------|----------------------------------|----------------|
| Legal Name of Entity | ABN | Trading Name | A.C.N |
| Test | 7845218741245 | TEE | |
| Trust Name | Account Type | Large Equipment Account Required | |
| two | Partnership | yes | |
| Date of Incorporation | Phone | Mobile | Email |
| 07-10-1992 | 8745123265 | 085236 98741 | test@gmail.com |
| HS Account | Business Activity | Chairs At Practice | |
| 45215421 | TEEE | DEFRF | |

Billing Information:-

| | | |
|-------------------------|---------------------|-----------|
| Address Line 1 | Address Line 2 | City |
| 34 | wall | city |
| State/Region/Province * | Postal / Zip Code * | Country * |
| Newyourk | 10022 | US |

Delivery Information :-

| | | |
|----------------|-------------------|---------|
| Address Line 1 | Address Line 2 | City |
| 34 | wall | city |
| State | Postal / Zip Code | Country |
| Newyourk | 10022 | US |

Dentist Information :-

| | | |
|--------------|--------------|-----------------------------|
| Dentist Name | Phone Number | Dentist Registration Number |
| Yes | 781122112 | 45875665 |

Accounts Information :-

| | | |
|----------------|--------------|-----------------|
| Contact Person | Phone | Email |
| Test | 085236 98741 | atets@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 |
| Test | Test | 085236 98741 |
| Director / Proprietor 3 - Full Name | Director / Proprietor 3 - Address | Director / Proprietor 3 - Phone |
| Ajit Dadresa | Test | 78946126 |

Credit Application

Trade References :-

Company Name 1

Test

Company Address 1

Test

Company Phone 1

085236 98741

Company Name 2

Test

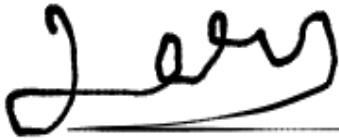
Company Address 2

Test

Company Phone 2

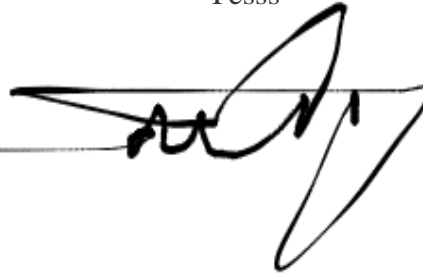
085236 98741

Signature



Security Question: Mothers Maiden name

Yesss



Drivers Licence

Deed Schedule :-

Name of Customer

Test

ABN or ACN

5541232

Address of Customer

New

Date

06-10-1990

Guarantor :-

Guarantor 1 - Full Name

Test

Guarantor 1 - Home Address

Test

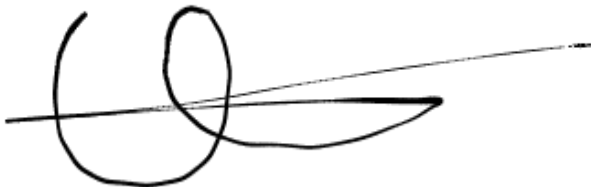
Guarantor 1 - Date

05-02-1980

Signature

Security Question: Mothers Maiden name

Tesss



Credit Application

Guarantor 2 - Full Name

Guarantor 2 - Home Address

Guarantor 2 - Date

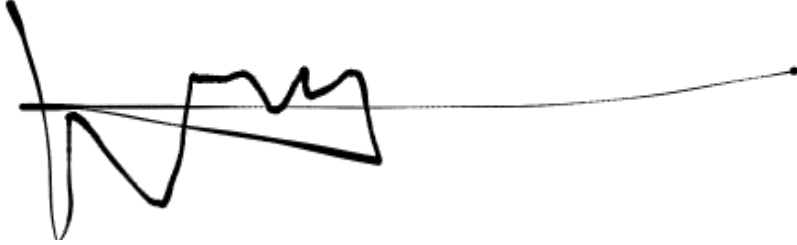
Test

Test

05-10-1997

Signature

Security Question: Mothers Maiden name

A handwritten signature in black ink, consisting of a series of loops and a long horizontal stroke extending to the right.

Witness :-

Full Name

Home Address

Date

Test

Test

14-07-2023

Signature