

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

Company Address 1

Company Phone 1

Test

Test

085236 98741

Company Name 2

Company Address 2

Company Phone 2

Test

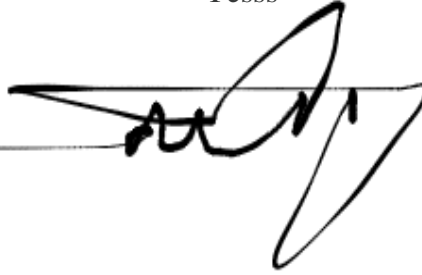
Test

085236 98741

Signature

Security Question: Mothers Maiden name

Yesss



Drivers Licence

Deed Schedule :-

Name of Customer

ABN or ACN

Address of Customer

Date

Test

5541232

New

06-10-1990

Guarantor :-

Guarantor 1 - Full Name

Guarantor 1 - Home Address

Guarantor 1 - Date

Test

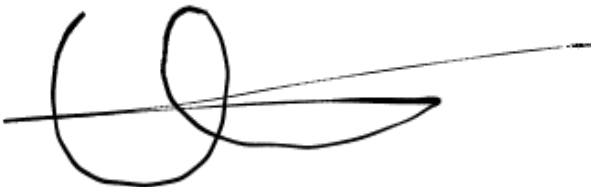
Test

05-02-1980

Signature

Security Question: Mothers Maiden name

Tesss



Credit Application

Guarantor 2 - Full Name

Guarantor 2 - Home Address

Guarantor 2 - Date

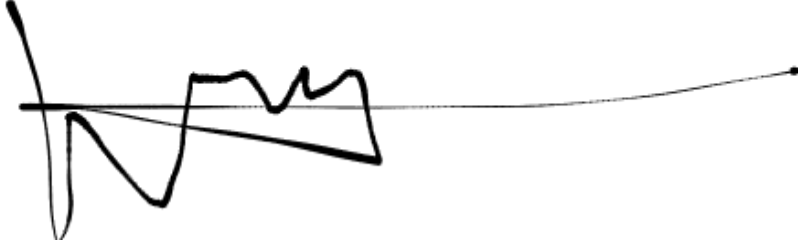
Test

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