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Credit	App.	lication

**Bussiness Information:** 

Legal Name of Entity ABN/ACN Trading Name
Glynrest Pty Ltd 86666 879 367 Mend Dental

Trust Name Account Type Chairs At Practice

Company

Phone Mobile Email

0883646780 0411805109 ashizas@bigpond.net.au

Billing Information:-

Address Line 1 Address Line 2 City

Mend Dental 3/219 Glynburn Road St Morris

State/Region/Province Postal / Zip Code Country

SA 5068 AU

Delivery Information :-

Address Line 1 Address Line 2 City

Mend Dental 3/219 Glynburn Road St Morris

State Postal / Zip Code Country

SA 5068 AU

Practitioner Information:-

Practitioner Name AHPRA Registration Number

Arthur Shizas DEN0000986849

Accounts Information:-

Contact Person Phone Email

Julie 0883646780 julie@sleekbooks.com.au

Director / Owner Information :-

Director / Owner 1 - Full Name Director / Owner 1 - Address Director / Owner 1 - Phone

Arthur Shizas 1 Armson Ave Magill 0883646780

Director / Owner 2 - Full Name Director / Owner 2 - Address Director / Owner 2 - Phone

## **Credit Application**

Trade References:-

Company Name 1

Oral Design Studios

Company Phone 1

08 8445 8447

Company Name 2

Toothworx

Company Phone 2

1300284979

Signature

Contact Name 1

Yoon

Company Email 1

Oraldesignstudio@gmail.com

Contact Name 2

Company Email 2

office@toothworx.com.au

Company Address 1

58/60 Hanson Rd, Woodville Garden

Company Address 2

193a Main N Rd, Nailsworth SA 50

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