

WINLAB PTY LTD

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Customer Application for Trade Credit Account

To be completed, scanned and emailed to admin@winlab.com.au

Email and Contact details of person to receive and authorise payment of invoices			
Contact name:			
Name of Organisation:			
Phone:	Fax:	E-mail:	
Generic email for Accounts Payable:			
Address:			
City:		State:	Post code:
In business since:			
University: <input type="checkbox"/>	Medical: <input type="checkbox"/>	Research: <input type="checkbox"/>	Government: <input type="checkbox"/>
Other: <input type="checkbox"/> Please specify:			
Delivery Information			
Address (incl building/floor details):			
City:		State:	Post code:
Phone:	Fax:	E-mail:	
Bank reference			
Bank name:			
Bank address:			
City:		State:	Post code:
Contact at Bank:			
Contact Email:			
Contact Phone N#			
Business/trade references			
Company name:		Company name:	
Contact name:		Contact name:	
Address:		Address:	
City:		Post code:	City:
Phone:		Phone:	
Fax:		Fax:	
E-mail:		E-mail:	
Type of business relationship:		Type of business relationship:	
Agreement			
1. All invoices are strictly 30 days from the date of the invoice.			
2. Any claims arising from invoices must be made within seven working days of receipt of invoice.			
3. By submitting this application, you authorise Winlab Pty Ltd to make inquiries into the banking and business/trade references that you have supplied.			
Signatures			
Title:		Title:	
Date:		Date:	