



Automotive Lighting & Electrical
AGENTS | IMPORTERS | DISTRIBUTORS

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F: (03) 9703 2470
E: sales@watcopl.com.au
W: watcopl.com.au

CREDIT APPLICATION FORM

Please print clearly in block letters.

All information must be supplied before this application can be considered.

Return completed form by fax to (03) 9703 2470 or by email to accounts@watcopl.com.au

FULL TRADING NAME:	
BUSINESS ADDRESS:	
STATE:	POSTCODE:
PHONE NUMBER: ()	FAX NUMBER:
MOBILE NUMBER:	
EMAIL ADDRESS:	
ABN:	
CONTACT NAME:	TITLE:
NAME(S) OF PROPRIETOR(S):	
PRIVATE ADDRESS:	
STATE:	POSTCODE:
COMMENCEMENT DATE OF BUSINESS:	
BANK DETAILS:	
NAME OF BANK:	
ADDRESS OF BANK:	
STATE:	POSTCODE:

TRADE REFERENCE 1

BUSINESS NAME:	
BUSINESS ADDRESS:	
STATE:	POSTCODE:
PHONE NUMBER: ()	FAX NUMBER:
TRADING PERIOD:	

INTERNAL USE ONLY

TRADE REFERENCE 2

BUSINESS NAME:	
BUSINESS ADDRESS:	
STATE:	POSTCODE:
PHONE NUMBER: ()	FAX NUMBER:
TRADING PERIOD:	

INTERNAL USE ONLY

TRADE REFERENCE 3

BUSINESS NAME:	
BUSINESS ADDRESS:	
STATE:	POSTCODE:
PHONE NUMBER: ()	FAX NUMBER:
TRADING PERIOD:	

INTERNAL USE ONLY

I/we agree that on the opening of a credit account with Watco Pty Ltd that I/we will pay within the terms of the account - **STRICTLY 30 DAYS NETT**. I/we agree that our account with Watco Pty Ltd will be put on hold if payment is outstanding past 45 days.

Signed: _____ Date: _____

Print name: _____

Witnessed: _____ Date: _____

Print name: _____