



a: PO Box 3406, Wheelers Hill VIC 3150 Australia  
t: 1300 758 458 f: 61 3 9560 0488  
e: [sales@mor-stor.com.au](mailto:sales@mor-stor.com.au) w: [www.mor-stor.com.au](http://www.mor-stor.com.au)  
abn: 99139045668

## NEW ACCOUNT / CREDIT APPLICATION FORM

ACCOUNT TRADING NAME:	
COMPANY NAME:	
ABN:	ACN:
CONTACT NAME:	POSITION:
TELEPHONE:	FAX:
EMAIL:	WEBSITE:

### REGISTERED ADDRESS:

ADDRESS:	
	CITY:
STATE:	POSTCODE:

### DELIVERY ADDRESS:

ADDRESS:	
	CITY:
STATE:	POSTCODE:

### DIRECTORS (FULL NAME AND ADDRESS REQUIRED)

1.	NAME:	TITLE	PHONE
	ADDRESS:		
	EMAIL:		
2.	NAME:	TITLE	PHONE:
	ADDRESS:		
	EMAIL		



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TRADE REFERENCES:

1.	NAME	TITLE	PHONE:
	ADDRESS:		
2.	NAME:	TITLE	PHONE
	ADDRESS		

I/We hereby;

1. Agree to settle by the due date as defined in the Terms and Conditions of Sale.
2. Agree that any change in respect of ownership, legal entity or address be notified within 5 working days.
3. Acknowledge that credit may be withdrawn at any time without prior notice in accordance with mor-stor trading as D F Moore Pty Ltd ABN 99139045668 condition of sale.
4. Agree to provide Directors Personal Guarantees when requested by mor-stor.
5. Acknowledge receipt of and accept mor-stor present standard Terms and Conditions of Sale and acknowledge that the conditions may be changed unilaterally from time to time, by way of all Directors initials on each page of the Terms and Conditions.
6. Understand that this is a commercial credit application.
7. Authorise the recipient of the application to conduct appropriate credit checks.
8. Certify that I/We have not been/are not bankrupt and that the applicant company is solvent and can pay its debts. As and when they fall due.
9. Certify that I am authorised to sign this Credit Application form on behalf of

\_\_\_\_\_ (company name)

And the information given is true and correct to the best of my knowledge.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Position: \_\_\_\_\_