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PAUL KENNY RELAXATION MUSIC

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APPLICATION FOR RE-SELLER NON-CREDIT ACCOUNT

PAYMENT FOR ORDERS IS REQUIRED BEFORE STOCK WILL BE DISPATCHED

PLEASE COMPLETE IN BLOCK LETTERS

DATE: _____

FULL NAME: _____ A.C.N _____

GST REGISTERED: YES / NO A.B.N _____

TRADING AS: _____

POSTAL ADDRESS: _____

_____ STATE: _____ POST CODE: _____

TRADING ADDRESS: _____

_____ STATE: _____ POST CODE: _____

DELIVERY ADDRESS (If different from trading address): _____

_____ STATE: _____ POSTCODE: _____

TELEPHONE: () _____ FAX: () _____

MOBILE: _____ EMAIL: _____

REGISTERED OFFICE (if company): _____

BUSINESS CONDUCTED AS: SOLE TRADER PRIVATE COMPANY
PUBLIC COMPANY PARTNERSHIP
E-TRADER

OTHER (Please specify): _____

CONTACT NAME FOR ACCOUNTS: _____

CONTACT NAME FOR PURCHASING: _____

Authorised Signatory:

Complete Application form and post to:
Paul Kenny PO Box 516 Exeter Tasmania Australia 7275