



Mirafont
Ray Mirabito
2A Glenola Road,
Chelsea, Vic, 3196.
ABN 90 167 959 070

Phone; (03) 9776 1800
Fax ; (03) 9774 4773
Mobile; 0409 960 787
E-mail; mirafont@optusnet.com.au
Web Site; www.mirafont.com.au

30 DAY CREDIT APPLICATION FORM
(This information will be treated as strictly confidential)

FULL TRADING NAME: _____

ADDRESS: _____

_____ POST CODE _____

PHONE NUMBER _____ FAX NUMBER _____

TYPE OF ENTITY - Sole Trader _____ Partnership _____ Registered Company _____

A.B.N.: _____

FULL NAME OF DIRECTORS/PROPRIETORS:

THREE CURRENT BUSINESS REFERENCES:

NAME	ADDRESS	PHONE NUMBER
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_____	_____	_____
_____	_____	_____
_____	_____	_____

TACKLE PURCHASING OFFICER'S NAME _____

PLEASE SIGN BELOW TO VERIFY ABOVE INFORMATION IS CORRECT.

THANKYOU FOR YOUR CO-OPERATION.

SIGNED: _____ DATE: _____

PLEASE PRINT NAME: _____

