# APPLICATION FOR CREDIT ACCOUNT

TRADING NAME……...

ADDRESS ……

DELIVERY ADDRESS……...

TELEPHONE……..FACSIMILE……

PURCHASING CONTACT…….
ACCOUNTS CONTACT …….
LICENSED OPTOMETRIST …….

COMPANY ……PARTNERSHIP……SOLE TRADER……...
ABN NUMBER……..
DIRECTORS/PARTNERS/PROPRIETOR
NAME HOME ADDRESS
……..…
……..…
……..

NUMBER OF YEARS OPERATING…….
TRADE REFERENCES
NAME CONTACT TELEPHONE
……..
……..
……..

In applying to open this credit account with Healy Optical Group. it is acknowledged that:
All goods are supplied in accordance with the terms shown on the back of our invoice. **The terms of this account are payment by the end of the month following that of purchase.** Failure to comply with these terms may result in this account being suspended without further notice.

SIGNED ON BEHALF OF THE APPLICANT BY……

SIGNATURE……..

In the case of corporate applicants, in consideration for Healy Optical Group agreeing to sell goods on credit to the Applicant, the undersigned agrees to accept joint and several liability with the Applicant Corporation, for all costs and disbursements incurred.

Director……. Director……..