



Application for Account with Seawind Logistics Pty Ltd

COMPANY INFORMATION

Full trading name:

Company name: ABN:

Nature of business:

Contact details:

Postal Address: State: Post Code:

Business Address: State: Post Code:

Work Phone: Mobile:

Email: Fax:

Company's Accounts Department details:

Full Name Office Phone: Mobile:

Email: Position:

Full Name: Office Phone: Mobile:

Email: Position:

Full name and home contact details of Directors/Proprietors:

Full Name:

Home Address: State: Post Code:

Home Phone: Mobile:

Full Name:

Home Address: State: Post Code:

Home Phone: Mobile:

Full Name:

Home Address: State: Post Code:

Home Phone: Mobile:

Trade References: (please supply a minimum of three references)

- | | | |
|----|---------------------|---------------------|
| 1. | Company Name: | Contact Name: |
| | Phone: | Mobile: |
| 2. | Company Name: | Contact Name: |
| | Phone: | Mobile: |
| 3. | Company Name: | Contact Name: |
| | Phone: | Mobile: |