

Attn Accounts
Design Edge

Fax 61 2 9986 3892

Date _____
From _____
Job _____
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APPLICATION FOR TRADING ACCOUNT

Registered Company Name _____

Trading Name _____

ABN _____

Address _____

Telephone _____

Facsimile _____

Type of business _____

Accounts payable contact _____

Bank _____ Branch _____

Director's Undertaking: I/We apply for this account knowing that it is a 30 day Net Trading Account and undertake that every acceptable tax invoice from Design Edge will be paid in full by the 30th day following the month of tax invoice. This is irrespective of "closing off" dates, or waiting payment by the final client. I/We understand that an "acceptable" tax invoice becomes so if there is no question or dispute by us about it after 7 days of receipt.

At least one director to sign _____

Trade References

1 _____ Contact _____ Tel _____

2 _____ Contact _____ Tel _____

3 _____ Contact _____ Tel _____