

PLEASE ENSURE THAT YOU RECEIVED PAGES IF THIS FORM HAS BEEN FAXED – ONCE COMPLETED RETURN SIGNED FORM TO US:  
CAMPBELL CRANE SERVICES PTY LTD (ACN 005 938 545) 24 Nantilla Road, Clayton, Victoria (Ph) 1300 769 869 (Fax) (03) 9560 5199

### THE APPLICANT

Applicant name:

Trading Name (if any):

Principal Business Address:

Contact Name:

Telephone:

Fax:

ACN (if applicable):

### OPERATING STRUCTURE

Please tick (✓) appropriate:  Pty Ltd  Public Company  Sole Trader  Partnership  Trustee  Incorporated Body

### DIRECTOR/PARTNER DETAILS

Provide details of all directors and partners (if more than 3, please attach details):

1. Name Address

2. Name Address

3. Name Address

### FINANCIAL DETAILS

CREDIT REQUIRED: \$

Sales Tax No. (if applicable):

Bank:

Branch:

Bank Contact:

Bank Telephone:

Business Premises (Owned or Leased) – if Leased, from whom:

Mortgages/Debentures provided by Applicant to third parties:

### TRADE/BUSINESS REFERENCES

1. Name Address

Contact Telephone/Fax

2. Name Address

Contact Telephone/Fax

3. Name Address

Contact Telephone/Fax

### TERMS OF CREDIT

If Campbell Crane Services Pty Ltd accepts this application I/we agree that the provision of goods and services and credit facilities to me/us are subject to the Terms and Conditions attached.

> IF COMPANY – SIGN HERE:

for and on behalf of the applicant

> IF SOLE TRADER – SIGN HERE:

> IF PARTNERSHIP – ALL PARTNERS TO SIGN:

Dated (DD/MM/YY):