

Credit Account Application

Please complete this form in full and fax or email to our office



ABN 89 064 623 132

7 Toynbee Way
Port Kennedy WA 6172
PO Box 8269
Warnbro WA 6169

T: (08) 9524 5490

F: (08) 9524 5495

E: info@orvad.com.au

Registered Company Name: _____

Trading Name: _____

ABN: _____

Postal Address: _____

Street Address: _____

Phone No: _____ Fax No: _____

Email: _____

Accounts Contact: _____ Ph No: _____

Trade References – must be people we can contact on your behalf.

1) Company: _____ Contact: _____ Ph: _____

2) Company: _____ Contact: _____ Ph: _____

3) Company: _____ Contact: _____ Ph: _____

We confirm that progressive claims will be made for goods and services provided and that trading terms are strictly payment 30 days from date of invoice.

We confirm that hire material always remains the property of Orvad (WA) Pty Ltd, and material remains on hire until returned to Orvad (WA) Pty Ltd.

Acceptance Signed by Authorised Person: _____

Name of Authorised Person: _____ Date: _____