



BUSINESS AND APPLICANT DETAILS

Business Name: _____

Company (if applicable): _____

Delivery Address: _____

Postal Code: _____ Country: _____

Postal Address: _____

Postal Code: _____ Country: _____

Applicant Name: _____

Applicant Phone: _____

Applicant Email: _____

CUSTOMER REGISTRATION FORM

Gala Bras Pty Ltd. ABN 72 065 739 764

Phn: +61 7 5593 5994 Fax: +61 7 5593 7849

Postal: PO Box 1282 Burleigh Heads QLD 4220

Eml: sales@galabras.com Web: www.galabras.com

YOUR BUSINESS CONTACT AND TAXATION DETAILS

ABN: _____

TAX No (Int'l applicants): _____

Business Phone: _____

Business Fax: _____

Business Email: _____

Web Site URL: _____

PLEASE TICK ALL APPLICABLE BOXES

Your position | relationship to the business :

- Company Director Store Owner
- Employed Manager Partnership

Business ownership structure is:

- Sole Trader Private Company
- Partnership Public Company

Business operations:

- Retail Store Web/Online Agency
- Department Store Discount Store

PRIVACY STATEMENT

Privacy Act 1998 (Please read the following carefully)

The applicants hereby acknowledge that information provided by them to Gala Bras Pty Ltd may be disclosed to or acquired from a credit reporting agency. The applicants hereby agree the Gala Bras Pty Ltd may contact any trade reference or other credit referee now or in the future for the purpose of assessing credit worthiness. The applicant/s hereby agree that in the event of a default of payment of my debts that Gala Bras Pty Ltd may disclose all information relating to my/our account to its collection agency for the purpose of receiving any or all amounts outstanding.

Signature x _____ Position _____ Date / /

AUSTRALIAN BUSINESSES ONLY APPLYING FOR CREDIT TERMS PLEASE COMPLETE BELOW

DOMESTIC CREDIT ACCOUNT APPLICATIONS ONLY

Applicant Drivers Licence No: _____

State of issue: _____

Name of Bank: _____

Bank Branch: _____

Estimated monthly credit required: _____

I, _____ applying for credit
on behalf of the Business named above, do consent to Gala Bras Pty Ltd to perform credit worthiness checks to ascertain my credit worthiness. I declare the information provided by me is true and correct to the best of my knowledge.

x _____ / /
Signature Date

Trade Referee 1

Business Name: _____

Contact Name: _____

Business Phone: _____

Business Fax: _____

Trade Referee 2

Business Name: _____

Contact Name: _____

Business Phone: _____

Business Fax: _____

Office Use Only. Account Code: _____
Confirmed by: _____ Date: / /