

DEALER APPLICATION FORM

PLEASE FILL OUT THE FIELDS BELOW AND MAIL OR FAX THIS TO ONE OF OUR BRANCHES LISTED BELOW ALONG WITH A COPY OF YOUR CERTIFICATE OF BUSINESS REGISTRATION, YOUR DRIVERS LICENCE AND THIS FORM COMPLETED. MAKE SURE ALL FIELDS ARE CORRECT.

1) COMPANY DETAILS

Applicant: _____ Trading Name: _____ A.B.N: _____

Postal Address: _____

Delivery Address: _____

Contact Name: _____ Company Email address : _____

Phone No : _____ Fax No: _____ Accounts Contact: _____

Date Business Commenced: _____ Number of Employees : _____

Line of Business: Retail Wholesale Dealer Oem (please tick)

Others _____

Do you have a retail shop front ? _____ Your Achieva Sales Representative _____

2) DIRECTORS SHAREHOLDERS PARTNERS SOLE TRADER (please tick)

Name	Position	Phone

3) BANK DETAILS

Bank : _____ Branch: _____ Phone No: _____

Address: _____

4) TRADE REFERENCES

Company	Contact	Phone

5) VERIFICATION

I verify that the details of _____ (company name) above is true and correct and please give me access to Achieva login and add me to all Achieva Marketing promotions in the future.

Name : _____ Position : _____

Signature : _____ Date : _____

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