

Colin James Manufacturing Pty Ltd
New Account Details

Shed 2/12 Lawyer Street MALENY 4552
Please complete and either fax or email to:
Phone/fax 07 54296483
Mobile: 0419 375 969
sales@colinjamesgourmetgelatoandsorbet.com.au



Name _____

Address _____

City/State/Postcode _____

Contact _____ email _____

Phone _____

Business Type: Sole Proprietor Partnership Corporation: State _____

How long in business: _____ ABN _____

Monthly Credit \$ Amount required _____

Names/Addresses of Individuals or Partners	-or-	Name/Title/Phone Number of Corporate Officers
_____		_____
_____		_____
_____		_____

Name of Person to Contact Regarding Purchase Orders and Invoices, Title, Address, and Phone

Bank Reference	Account Number, Contact, Title, and Phone Number
_____	_____
_____	_____

Trade References: Company Name, Address, Contact and Title, and Phone Number	Monthly Purchase value
1 _____	_____
2 _____	_____
3 _____	_____

The above information is submitted for the sole purpose of opening an account and I hereby certify the information to be true.	SIGNED _____
	TITLE _____
	DATE _____