



APPLICATION FOR TRADING ACCOUNT

ACCOUNT DETAILS:

Company Name: .....
Trading Name: ..... ABN.....
Postal Address: .....
Street Address: .....
Telephone: .....
Fax: ..... Email .....

DIRECTORS DETAILS:

Name (1) : .....Phone..... Email .....
Name (2): .....Phone..... Email .....
Name (3): .....Phone..... Email.....
Senior Accounts Contact ..... Phone..... Email.....
Daily Accounts Contact ..... Phone..... Email.....

Trader Reference (3 Required)

- 1. Business Name..... Contact..... Phone.....
2. Business Name..... Contact..... Phone.....
3. Business Name..... Contact..... Phone.....

Payment Options Electronic/Post

Signed by authorised person ..... Date.....
Name in Block Letters.....

Payment by Electronic Funds Transfer (EFT)

Company Name: Access Services Group Pty Ltd
Postal Address: PO Box 1659, Canning Vale WA 6970
Phone: (08) 6254 2564
Fax: (08) 6254 2563
ABN: 16 133 958 906
Bank: National Australia Bank
Account Name: Access Services Group Pty Ltd
BSB Number: 086-492
Account Number: 829 151 521

Please note: When making payment via EFT, please ensure that a remittance is faxed to (08)9456 4411

**DIRECTORS PERSONAL GUARANTEE**

I/We the undersigned Director/s of \_\_\_\_\_ hereby personally guarantee any  
(Full Company Name)  
outstanding debt incurred by the above company to ACCESS SRVICES GROUP PTY LTD in the event of failure by  
\_\_\_\_\_ to meet and pay such monthly accounts after a period of three (3) calendar  
(Full Company Name)  
months.

\_\_\_\_\_  
Signature of Director/Proprietor

Name: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Director/Proprietor

Name: \_\_\_\_\_

Date: \_\_\_\_\_