



marine world

APPLICATION FOR CREDIT ACCOUNT WITH REEF MAGIC CRUISES

ABN 89 076 453 257

Reef Fleet Terminal – 1 Spence Street, Cairns 4870

P.O. Box 905, Cairns 4870

Phone: +61 7 4031 1598 Fax: +61 7 4031 3318

BUSINESS NAME:.....

SOLE TRADE:.....PARTNERSHIP:.....COMPANY:.....TRUST:.....

TRADING AS:.....COMMENCED:...../...../.....

REGISTERED ADDRESS:.....

FULL BUSINESS ADDRESS:.....

POSTAL ADDRESS:.....

TELEPHONE:..(.....).....FAX:..(.....).....

EMAIL.....A.B.N.....

CONTACT NAME (for trading purposes):.....

CONTACT NAME (for account payment):.....

ACCOUNTANT Name:.....

Address:.....

Phone.....

BANK:.....BRANCH:.....PHONE: ().....

BSB:.....ACCOUNT#:.....

1. Full Name of Proprietor/Director/Partner:.....

Address:.....

Phone:().....

2. Full Name of Proprietor/Director/Partner:.....

Address:.....

Phone: ().....

3. Full Name of Proprietor/Director./Partner:.....

Address:.....

Phone: ().....

IF THE COMPANY IS A TRUSTEE of a Trust, Name the Trust

.....

TRADE REFERENCES Please provide name, address, phone & fax numbers 4 (four) current references (not banking or government agencies)

1. Name:
Address:
Phone:
Fax:

2. Name:.....
Address:.....
Phone:
Fax:

3. Name:.....
Address:.....
Phone:
Fax:

4. Name:.....
Address:.....
Phone:
Fax:

I/We acknowledge and agree to the trading terms of Reef Magic Cruises Pty Ltd that are for payment within 14 days of the invoice date, unless alternative terms are agreed in writing and signed by both parties.

I/We agree to advise Reef Magic Cruises Pty Ltd of any change in our ownership and any change in our ability to meet the trading terms.

DATE:...../...../.....

For & on Behalf of:.....

Witness:.....

Signature:.....(Common Seal)

Title/Position:.....

Witness:.....

Signature:.....

Title/Position:.....