



**CREDIT ACCOUNT FOR APPROVED COMMERCIAL CUSTOMERS**

INCORPORATING GRACE COSMETICS GRACE DESIGNER JEWELLERY PRO-MA OPTIMUM HEALTH PRO-MA PERFORMANCE PRODUCTS PRO-MA HOME PRODUCTS

**CREDIT ACCOUNT FOR APPROVED COMMERCIAL CUSTOMERS**

I.D. 104162

Company Name \_\_\_\_\_ A.B.N. \_\_\_\_\_

Trading Name \_\_\_\_\_ A.C.N. \_\_\_\_\_

Registered Address \_\_\_\_\_

\_\_\_\_\_ State/Province \_\_\_\_\_ Post/Zip

Postal Address \_\_\_\_\_

\_\_\_\_\_ State/Province \_\_\_\_\_ Post/Zip

Telephone (\_\_\_\_) \_\_\_\_\_ Fax No (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Type of Business \_\_\_\_\_ When Incorp \_\_\_\_\_

**Full Names & Address of Principals/Partners/Directors**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bank \_\_\_\_\_ Branch \_\_\_\_\_

Account Manager \_\_\_\_\_ Contact No (\_\_\_\_) \_\_\_\_\_

**Business References where current Monthly Accounts are conducted**

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State/Province \_\_\_\_\_ Post /Zip:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State/Province \_\_\_\_\_ Post/Zip:

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State/Province \_\_\_\_\_ Post/Zip:

Credit Limit Requested \$ \_\_\_\_\_

*Credit terms of the Company are strictly 30 days from the last day of the month during which the purchase is made.*

**I AGREE TO THE TERMS SET OUT ABOVE**

Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signed \_\_\_\_\_ Position in Company \_\_\_\_\_



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