

# HILLS GAS ACCOUNT APPLICATION

## Applicant Details:

Tenant/Home Owner

|                                   |                  |                |
|-----------------------------------|------------------|----------------|
| Full Name:                        |                  | Date of Birth: |
| Billing Address:                  |                  |                |
| Delivery Address:                 |                  |                |
| Home Phone:                       | Mobile Phone:    |                |
| Email Address:                    | Drivers Licence: |                |
| Name of Landlord/Agent if Tenant: |                  |                |

Company/Business

|                   |                |
|-------------------|----------------|
| Business Name:    |                |
| Billing Address:  |                |
| Delivery Address: |                |
| Business Phone:   | Email Address: |

*Director or Authorised Person*

|                   |                  |                |
|-------------------|------------------|----------------|
| Full Name:        |                  | Date of Birth: |
| Billing Address:  |                  |                |
| Delivery Address: |                  |                |
| Home Phone:       | Mobile Phone:    |                |
| Email Address:    | Drivers Licence: |                |

Landlord/Agent:

|                   |                |
|-------------------|----------------|
| Business Name:    |                |
| Billing Address:  |                |
| Delivery Address: |                |
| Business Phone:   | Email Address: |

*Director or Authorised Person*

|                   |                  |                |
|-------------------|------------------|----------------|
| Full Name:        |                  | Date of Birth: |
| Billing Address:  |                  |                |
| Delivery Address: |                  |                |
| Home Phone:       | Mobile Phone:    |                |
| Email Address:    | Drivers Licence: |                |

|                   |                                  |                                 |   |
|-------------------|----------------------------------|---------------------------------|---|
| Bottles Required: | One <input type="checkbox"/>     | Other <input type="checkbox"/>  | Specify:  |
| Rental Terms:     | Monthly <input type="checkbox"/> | Yearly <input type="checkbox"/> | Emailed Statement: Yes <input type="checkbox"/> No <input type="checkbox"/> |

I certify that the above information is true and correct and that I am authorised to make this application for credit. I have read and agree to the TERMS AND CONDITIONS OF TRADE of Davis Hardware and Farm Pty Ltd, (overleaf, attached or available on website), which form part of, and are intended to be read in conjunction with this Account Application and agree to be bound by these conditions. I agree that if I am a director/shareholder of the Client I shall be personally liable for the performance of the Client's obligations under this contract.

Client Signature: \_\_\_\_\_

Agent Signature \_\_\_\_\_

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

Agent Rep: \_\_\_\_\_

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

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

| OFFICE USE ONLY |               |             |              |           |
|-----------------|---------------|-------------|--------------|-----------|
| CUST NUMBER     | BOTTLES TAKEN | ANNUAL RENT | DATE INPUTED | FILED Y/N |
|                 |               |             |              |           |