

HILLS GAS APPLICATION

TENANT OR HOME OWNER

FIRST NAME:	SURNAME:	DATE OF BIRTH:
BILLING ADDRESS:		
DELIVERY ADDRESS:		
HOME PHONE:	MOBILE PHONE:	
EMAIL ADDRESS:	LICENCE NO.:	
LANDLORD NAME:	LANDLORD PHONE:	

COMPANY OR TRUST

BUSINESS NAME:	ABN/ACN:
TRUST NAME:	ABN/ACN:
BILLING ADDRESS:	
DELIVERY ADDRESS:	
BUSINESS PHONE:	BUSINESS EMAIL:

DIRECTOR INFORMATION

FIRST NAME:	SURNAME:	DATE OF BIRTH:
BILLING ADDRESS:		
DELIVERY ADDRESS:		
HOME PHONE:	MOBILE PHONE:	
EMAIL ADDRESS:	LICENCE NO.:	

LANDLORD OR REALESTATE AGENCY

BUSINESS NAME:	ABN/ACN:
TENANT NAME:	
BILLING ADDRESS:	
DELIVERY ADDRESS:	
BUSINESS PHONE:	BUSINESS EMAIL:

DIRECTOR INFORMATION

FIRST NAME:	SURNAME:	DATE OF BIRTH:
BILLING ADDRESS:		
DELIVERY ADDRESS:		
HOME PHONE:	MOBILE PHONE:	
EMAIL ADDRESS:	LICENCE NO.:	

BOTTLE INFORMATION

TOTAL BOTTLES REQUIRED: EMAILED STATEMENT (CIRCLE): YES NO

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 REQUIRED	ANNUAL RENTAL	DATE INPUTED	FILED Y/N