



Realtime Distribution
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Reseller COD Account Application Form

Registered Name _____
 Trading Name _____
 ABN Number _____ ACN Number _____
 Trading Status Limited Company Partnership Sole Trader Trust
 Accounts Payable _____
 Contact _____
 Purchasing Contact _____
 Business Address _____
 Mailing Address _____
 Phone _____ Fax _____
 Email Address _____

ALL Director's / Proprietor Details

Name	Home Address	Home Phone

Trade References

Name	Contact Person	Phone

Bank Name _____ Branch _____
 Bank Phone _____ Address _____

The applicant hereby warrants that the information supplied above is true, accurate and correct and is supplied for the purpose of obtaining a wholesale trading facility with Realtime Distribution. I have read and understood the Terms and Conditions, Order Policy and Returns Policy, which form an integral part of this application.

TRADING TERMS ARE STRICTLY COD.

Signed _____ Position _____
 Signature _____ Date _____

Once completed please return this form with a copy of your Business Registration Certificate