

Application for dealership



This form must be completed and approved in order to become a trading partner of DMA.

ABN 17 065 932 238
Direct Memory Access Pty Ltd

968 Beaufort Street
Inglewood WA 6052

t +61 8 6424 9190
e sales@dma.net.au

Company details

Name (TRADING NAME OR BUSINESS NAME)

Address (REGISTERED OFFICE ADDRESS)

 POSTCODE

Telephone

Fax

Email Address (MANDATORY)

Registered Company Name (IF APPLICABLE)

ABN or ACN (ACN WHERE APPLICABLE)

Business Structure (TICK WHERE APPLICABLE)

- Company Partnership Sole Trader
 Trust Public Company

Date and Place of Incorporation / Business Commencement

Estimated Monthly Purchase

Directors/Partners/Traders Details

| Name | Address | Telephone |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Customer Authorised Signatory List

| Name | Position in Organisation | Telephone |
|----------------------|--------------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Account Department Representative

| Name | Email Address | Telephone |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Declaration

I/We certify that the above information is true and correct and agree to your Terms and Conditions of trading and settlement of accounts in accordance with your normal terms.

Authorised Signature

Date

PRINTNAME

POSITION IN ORGANISATION