

# BODY CORPORATE APPLICATION FORM

## BUSINESS / CUSTOMER CONTACT INFORMATION

BUILDING NAME/  
CLIENT NAME:

BILLING / BODY  
CORPORATE  
COMMITTEE NAME:

CTS/ID NO:

## APPLICANT TYPE

Sole proprietorship:  Partnership:

Corporation:  Body Corp:

Other:

## PHYSICAL ADDRESS

ADDRESS:

PHONE:  AFTER HOURS  
PHONE:

EMAIL:

ONSITE CONTACT  
DETAILS:

ESTIMATES /  
REFERENCE EMAIL:

If more than one delivery address, please provide full details on a separate sheet

AMOUNT OF CREDIT  
APPLIED FOR:  (NOT A CREDIT LIMIT)

## AUTHORISED REPRESENTATIVE DETAILS

NAME:

PHONE:  FAX:

EMAIL:

## ACCOUNTS CONTACT INFO

NAME:

PHONE:  FAX:

EMAIL:

## BILLING ADDRESS

ADDRESS:

PHONE:  FAX:

EMAIL:

ACCOUNTS/  
INVOICE EMAIL:

ACCOUNTS  
PERSON:

DIRECT PHONE:

DIRECT EMAIL:

I/we certify that the information provided is correct, that if the credit if granted is for commercial purposes and that I/we have read the attached: Terms and Conditions; Personal Guarantee; and Privacy Notice and agree to them.

DATE:

APPLICANT 1:

APPLICANT 2:

## ADMINISTRATORS ADDRESS

ADDRESS:

PHONE:  FAX:

EMAIL:

ADMINISTRATION  
PERSON:

DIRECT PHONE:

DIRECT EMAIL:

