## CONFIDENTIAL APPLICATION FOR 30 DAY TRADING ACCOUNT

APPLICANT		
ADDRESS		
POSTCODE	A.C.N NO	
PHONE	FAX	
THE BUSINESS HAS BEEN OPERATING	FOR	YEARS
UNDER PRESENT OWNERSHIP?		YEARS
PLEASE NAME TWO (2) DIRECTORS		
NAME	ADDRESS	
NAME	ADDRESS	
TRADE REFERENCES (AT LEAST ONE STEEL COMPANY IF POSSIBLE)		
1	PHONE NO.	FAX NO
2	PHONE NO.	FAX NO
3	PHONE NO.	FAX NO
NAME OF BANK	BRANCH	
THE APPLICANT REQUESTS SHAPE CUT "STRICTLY THIRTY (30) DAY" TRADING trading terms and defaults, Shape Cut Pty and all fees charged will be on charged to	G ACCOUNT. (Please note that if applical Ltd reserve the right to forward informat	ant does not conform to the stated
SIGNED	DATE	
POSITION HELD	LIMIT REQUIRED	



## **CONTACT US TODAY**

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## **ADDRESS**

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