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**APPLICATION FOR CREDIT FACILITIES– MARVEL INTL. NOMINEES AND TRIDENT SALES & DISTRIBUTION AUSTRALIA**

Business Details

The Applicant(s) Business/Trading Name ("the Customer"): \_\_\_\_\_

Registered Company Name (if applicable): \_\_\_\_\_

ABN: \_\_\_\_\_ ACN: \_\_\_\_\_ Type of Business: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Email: \_\_\_\_\_

Emails to receive offers and promotions: Email (1): \_\_\_\_\_

Offers Email (2): \_\_\_\_\_

Offers Email (3): \_\_\_\_\_

Offers Email (4): \_\_\_\_\_

Delivery Details

Delivery Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Exchange Pallets: Yes No Pallet Account: Chep \_\_\_\_\_ Loscam \_\_\_\_\_ Pallet Type: Chep Loscam Skid  
Delivery Type: Forklift Tailgate Hand unload Other \_\_\_\_\_ Plastic Plain Any

Account Details

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Corporate Structure

Proprietary Company Public Company Incorporated Body Trustee Sole Trader Partnership

Proprietors/Owners – Must supply copy of drivers licence if a sole trader

Name (1): \_\_\_\_\_ Date of Birth(1): \_\_\_\_\_

Address(1): \_\_\_\_\_ Drivers Licence No(1): \_\_\_\_\_

Name(2): \_\_\_\_\_ Date of Birth(2): \_\_\_\_\_

Address(2): \_\_\_\_\_ Drivers Licence No(2): \_\_\_\_\_

Name(3): \_\_\_\_\_ Date of Birth(3): \_\_\_\_\_

Address(3): \_\_\_\_\_ Drivers Licence No(3): \_\_\_\_\_

Applicant Financial Details

Business Premises: Owned Leased Date Business Commenced: \_\_\_\_/\_\_\_\_/\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Credit Account Details

Type of Account: Credit (amount to be determined by the Companies) COD

Trade/Business References

Company	Account Number	Phone	Fax
1.			
2.			
3.			

<b>OFFICE USE ONLY</b>											
Acc Status:	New Account	Re-activated Account	Code: _____	Category: _____	Web Access	Yes	No				
Pricing Structure:	_____	Approved: _____	Credit Account Approved	Yes	No	Amount: \$ _____	Terms: _____				
Sales Rep:	_____	Re-Order	Yes	No	Catalogue	Yes	No	Catch	Yes	No	Marketing State: _____