



Wholesale Account Application

Email or fax back to us and we will contact you as soon as possible to confirm if your account application has been successful.

"World class designs"

Business Trading Name	
ABN	
Registered Company Name (if different from above)	
Registered Company Address	
Business Postal Address (if different from above)	
Date business commenced	
Contact Accounts	
Contact Sales	
Telephone	
Fax	
Email	

Business / Trade References	
Company Name (1):	Contact:
Phone:	Email:
Company Name (2):	Contact:
Phone:	Email:

Agreement	
I/We supply the information contained in this form for the sole purpose of obtaining a commercial credit account with Rigon Headwear P/L. The applicant authorises Rigon Headwear to make enquiries as to my/our credit worthiness in support of this application and subsequently in the support of future trading. If the account is granted, I/we undertake to pay all amounts invoiced to me/us within 14 days of the date on the invoice.	
Applicant (1) Signed:	Applicant (2) Signed:
Print Name:	Print Name:
Date:	Date:

