

BOC Limited ABN 95 000 029 729 T: 131 262 www.boc.com.au

## Existing Customer: Application for a Credit Account

Please complete this form and retu via the following:		BOC Limited Account Opening PO Box 288 Chatswood NSW 2057	Email: contact@boc.com				
BOC Account Number Image: Second se							
Account for personal use An original proof of identification must be provided and a copy attached to this application. (Photo I.D. e.g. driver's licence or passport).							
First Name		Surr	name				
Date of Birth / / / / / / / / / / / / / / / / / / /	/ Driv	ver's Licence State	Driver's Licence No.				
Account for business use							
Business Type:	Ltd Company	Sole Trader Governm	ent Partnership Club/Trust				
	Other (please specif	y):					
Registered Business Name							
Trading Name (if applicable)			ABN				
Your Position in Company			ACN				
Contact details							

Mobile	Landline (	)	
Email			

## Declaration

## This BOC Trading Account Application will not be processed without the Applicant's signature.

The information provided in and with this Application is true and correct and the signatory or signatories are authorised to sign on behalf of the Applicant. BOC is authorised to make all enquiries it deems necessary to investigate the Applicant's financial status and the Applicant's bankers, credit providers and any credit reporting agency are authorised to disclose to BOC information concerning the Applicant. BOC is authorised to disclose information concerning the Applicant for that purpose.

The Applicant acknowledges that all transactions under the BOC Trading Account will be subject to BOC's General Terms and Conditions of Supply. The Applicant declares that the credit (if any) to be provided under the Trading Account is to be applied wholly or predominantly for a purpose that is not a National Consumer Credit Code purpose and makes this declaration before entering into any agreement with BOC.

Full Name	
Signature	

Date		/		/	
	DD		MM	-	YYYY