

B M FINANCIAL Pty Ltd

Ph: (02) 9742 1175

COMPANY APPLICATION

Fax: (02) 9742 1159

APPLICANT REG'D BUSINESS NAME:

TRADING AS:

INDUSTRY:

A.B.N. REGISTERED FOR GST Y/N A.C.N.

PH: DATE OF INCORPORATION: (DD/MM/YY)

FAX: EMAIL:

BUSINESS ADDRESS:

TIME AT ADDRESS: Yrs Mths OWN / RENT / BUYING / BOARDING

LANDLORD/MORTGAGE DETAILS: Ph:

DIRECTORS DETAILS

FIRST NAME MIDDLE NAME SURNAME

D.O.B. LICENCE NO. MOB:

ADDRESS:

FIRST NAME MIDDLE NAME SURNAME

D.O.B. LICENCE NO. MOB:

ADDRESS:

FIRST NAME MIDDLE NAME SURNAME

D.O.B. LICENCE NO. MOB:

ADDRESS:

FIRST NAME MIDDLE NAME SURNAME

D.O.B. LICENCE NO. MOB:

ADDRESS:

TRUST DETAILS (if applicable)

NAME OF TRUST:

TYPE OF TRUST: NAME OF TRUSTEE:

A.C.N. OF TRUSTEE A.B.N OF THE TRUSTEE

TRADE REFERENCES

COMPANY: CONTACT NAME: PH:

COMPANY: CONTACT NAME: PH:

COMPANY: CONTACT NAME: PH:

ACCOUNTANT'S AUTHORITY

Re: Request for Balance Sheet / Tax Return for _____

ACCOUNTANT'S NAME:

ACCOUNTANT'S ADDRESS:

CONTACT NAME:

PHONE: FAX:

I / We authorise _____ (accountant)

to provide B M FINANCIAL with my/our financial statements and tax returns for the last two financial years

Please fax to: (02) 9742 1159

Or email to: info@bmfinancial.com.au

Your urgent attention to this request would be appreciated

Yours Faithfully,

Director Signature: _____ Director Signature: _____

Name: _____ Date: ____ / ____ / ____ Name: _____ Date: ____ / ____ / ____