Business Account Application



Name/Address

Authorised Employee completing Application:			Position :
Name of Business:		A.B.N:	
Address:			Email:
City:	State:	ZIP:	Phone:

Company Information

Type of Business:		Business Established:			
Legal Form Un	der Which Business Operates:				
	Company	Partnership	Sole Trader	Trust / O	ther 🗌
If Division/Subsidiary, Name of Parent Company:			In Business Since:		
Name of Company Principal Responsible for Business Transactions:					
Address:	City:	State:	Post Code:	Phone:	
Accounts Con	tact:				

Bank Details

Bank Name:		
Account #:	BSB:	Account No
Address:		
Phone:		

Trade References

Company Name:	Company Name:	Company Name:
Contact Name:	Contact Name:	Contact Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Account Opened Since:	Account Opened Since:	Account Opened Since:
Credit Limit:	Credit Limit:	Credit Limit:
Current Balance:	Current Balance:	Current Balance:

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize Nube iO Operations Pty Ltd & the nominated trade references in this Account application to release necessary information for which credit is being applied for, in order to verify the information contained herein.

I/We acknowledge and accept the Terms and Conditions at https://nube-io.com/terms-and-conditions/ in effect from time to time.

Authorised Signature

Position

/

Date