



Intelliplay Pty Ltd
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OFFICE USE ONLY

Documentation Attached Initials:.....

Entered into Database Date: / /

DEALER APPLICATION

1. Name of Applicant

Company Name

2. Trading Name

ACN / RBN / ABN

3. Delivery Address

State Postcode

4. Billing Address

State Postcode

5. Phone Number

6. Facsimile Number

7. Mobile Phone

8. Website Address

9. Date Business Commenced

Day Month Year

10. Email Address

11. Trading Days and Times

M O N T U E W E D T H U F R I S A T S U N

12. Payment Methods Accepted

VISA EFTPOS MasterCard AMEX Diners JCB Cheques Other

13. Please List Your Trade References

14. What Are the Key Products and Target Markets of Your Business?

15. How Many People Do You Employ?

1 - 5 6 - 10 11 - 30 Other

16. Please List Any Member Organisations

17. Please Read Carefully, Sign and Send

DECLARATION: I hereby declare that all the information contained above is true and correct. I agree and understand that this Dealer Application is subject to approval and does not constitute pre-approval for Credit and/or becoming a dealer until otherwise notified in writing.
Name: Position: Signed: Date: / /

PLEASE SEND TO: P.O. Box 380
Bulleen Victoria 3105

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EMAIL TO: info@intelliplay.com.au

WEBSITE: www.intelliplay.com.au