

Livestock & Property

www.tdcagents.com.au 49 Church St (PO Box 166), Penola, SA, 5277 Office Use Only Acc Number:

Agent:

ACCOUNT APPLICATION

Please specify full details, for example if business is owned by a trust then specify the names or company acting as trustee as well as the name of the trust, such as; Smith Pty Ltd (ACN 123 456 789) as trustee for the Smith Family Trust (ABN 64 123 456 789) or if a partnership, provide the details of all parties/ legal entities forming this partnership.

CLIENT DETAILS				
Client Legal Entity:				
If the above is a trust/partnershi	p please provide tru	ıstee/partneı	ship details:	
ABN :	ACI	N :		
Contact Person (s):				
Postal Address:				
Street/Road Address :				
Telephone :	Mob	ile:		
Email 1 :				
Email 2 :				
PIC (1):	PIC	(2)		
MSA Number :				
Transit Insurance : YES / NO				
GST DETAILS				
Are you Registered for GST: Y	ES/NO Exempt fro	m GST (Plea	ase provide Declarat	ion)
Weekly Market Report TXT : YE	S / NO			
Mobile Number/s				
Livestock results	EMAIL	TXT	вотн	



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BANKI	NG DETAILS
Trading Entity Bank Account Name :	
Bank	
BSB: Account N	Number :
Will you be requiring Finance: YES / NO	
If applicant requires Financ	ce please fill out Finance Section
FI	NANCE
Location of Livestock	
Address (if different from above)	
PIC (if different from above)	
If the above location is not owne	d by the client please provide Details:
Owned by related party YES / NO	Leased by Applicant YES / NO
Agistment Arrangement YES / NO	Other
Variable rate will be a	pplied to finance accounts.
and Clarkson Unit Trust (Secured Parties) to offer the financial acc (Client) the details set out in the Application and the enclosed standa	tation Agents Pty Ltd (ACN 008 189 704) as trustee for the Thomas DeGaris ommodation requested in this account application (Application) by the client rd terms (Terms) should be read together and collectively constitute a security greement.
	ON BY CLIENT
 I/we have read and understood this Application and the independent legal advice. I/we warrant by signature below that the information give I/we further warrant that I/we am/are authorised to sign of 	
Signed	Signed :
Full Name :	Full Name :
Date :	Date :