

PRO -FORMA ACCOUNT DETAILS

I / We apply for a Pro - Forma account and submit the following information for this purpose only.

BUSINESS DETAILS

Type of Business (Please Tick One)	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Company	<input type="checkbox"/> Partnership
Full name of Entity	A.B.N		
Trading or Business Name	A.C.N		
Business Address			
	State	Post Code	
Postal Address			
(Fill or Tick if same as above)	State	Post Code	
Telephone Number(s) ()	Fax ()		
Web Address	Email		
When Does Your Business Start?			

ACCOUNTS PAYABLE DETAILS

Full Name of Contact			
Telephone Number(s) ()	Fax ()		
Mobile (61)	Email*		

(* Invoices & Statements will be emailed to this address)

PROCUREMENT CONTACT

(Fill or Tick if same as above)

Full Name of Contact			
Telephone Number(s) ()	Fax ()		
Mobile (61)	Email**		

(**Login Credentials to RANS Partners Portal will be emailed to this address)

PRO -FORMA ACCOUNT DETAILS

DIRECTOR(S) / PARTNER(S) / TRUSTEE(S) / PROPRIETOR(S)

1, Full Name

Address

State

Post Code

Drivers Licence Number

State

Date of Birth

2, Full Name

Address

State

Post Code

Drivers Licence Number

State

Date of Birth

I do hereby confirm that I am an authorised person to sign on behalf of the business.

Signature

Print Name

Position

Date

NOTE: The Pro - Forma account does not entitle the buyer to purchase goods on credit, if you wish to apply for a Credit Account, please contact RANS Customer Service to discuss your account.

This form may be submitted by email to admin@rans.net.au