

APPLICATION FOR 30 DAYS TRADING ACCOUNT

APPLICANT'S NAME	DATE
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OPERATING ADDRESS	POST CODE	POSTAL ADDRESS	POST CODE
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EMAIL	PHONE	FAX
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BUSINESS CONDUCTED AS PRIVATE CO. TRUST PARTNERSHIP SOLE TRADER	ACN (if company)	HOW LONG IN BUSINESS <div style="text-align: right;">Years</div>
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FULL NAME AND ADDRESS OF ALL PROPRIETORS, PARTNERS OR DIRECTORS:

NAME	ADDRESS
NAME	ADDRESS
NAME	ADDRESS

BANK NAME	BRANCH NAME	PHONE
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CREDIT REFERENCE

NAME	ADDRESS	PHONE	FAX
NAME	ADDRESS	PHONE	FAX
NAME	ADDRESS	PHONE	FAX

ACKNOWLEDGMENT & PERSONAL GUARANTEE

I/We consent to the information contained in this application being used by way of references and/or credit reporting during the duration of this account and my/our signature(s) acknowledges this understanding. I/We also undertake to advise of any change of ownership. In this agreement/contract, I/We guarantee payment in full of all accounts for goods purchased by the above company together with any legal personal representatives of the company and any out of pocket expenses associated with the collection of any outstanding monies. I/We understand this guarantee binds me/us personally.

FULL NAME	SIGNATURE*	DATE
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FULL NAME	SIGNATURE*	DATE
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FULL NAME	SIGNATURE*	DATE
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***MUST BE SIGNED BY OWNER/PARTNER/DIRECTOR/TRUSTEE**



UTK International Pty Ltd
 P.O.Box 8495 Gold Coast MC QLD 9726
 Unit 3/7-9 Activity Crs. Molendinar QLD 4214
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