

# I.STORE (CT&T) COMPUTERS

149 SPRINGVALE ROAD,  
NUNAWADING, VIC 3131  
TEL: (03) 9894 8466  
FAX: (03) 9894 7781

388 LONSDALE STREET,  
MELBOURNE, VIC 3000  
TEL: (03) 9670 9686  
FAX: (03) 9670 9687

## DEALER APPLICATION FORM

### CUSTOMER HISTORY (ALL CUSTOMERS TO COMPLETE)

Company Name: \_\_\_\_\_ ABN NO: \_\_\_\_\_

Trading As: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email address: \_\_\_\_\_

Registered Office: \_\_\_\_\_ (a copy of Business Registration is required)

Business Style: ☐ Sole Trader ☐ Partnership ☐ Pty. Ltd. without trust  
☐ Trust ☐ Public Co

Business Address: ☐ Owned ☐ Leased

Date of Incorporation: \_\_\_\_/\_\_\_\_/\_\_\_\_

### Name(s) and Address(s) of Sole Trader, Partners, Directors and Spouses.

Full Name: \_\_\_\_\_ Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

State: \_\_\_\_\_ Post code: \_\_\_\_\_ State: \_\_\_\_\_ Post code: \_\_\_\_\_

Phone No: \_\_\_\_\_ Phone No: \_\_\_\_\_

Please state whether applicant is trustee for any trust

Full name of Trust \_\_\_\_\_

Customers to supply a copy of memorandum and articles of association and copy of stamped trust deed with this application.

### Trade References (Please supply at least 3 Computer Supplier references, other than Associated Companies)

Company: \_\_\_\_\_ Phone No: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Company: \_\_\_\_\_ Phone No: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Company: \_\_\_\_\_ Phone No: \_\_\_\_\_

Contact Person: \_\_\_\_\_

The information I have given is said to be TRUE otherwise IStore(CT &T) Computers may refuse your application.

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name (Please print): \_\_\_\_\_

**I-Store Group** (A.B.N. 59 084 299 614)

NSW: 02-9558 9288 (Tempe); 02-9389 8255 (Bondi Junction)

QLD: 07-3357 9377 (Winsor); 07-3392 0783 (Woolloongabba); 07-3849 1333 (Upper Mt Gravatt)

VIC: 03-9894 8466 (Nunawading); 03-9670 9686 (City); 03-9576 1488 (Malvern)