

# AUSTRALIAN RESELLER ACCOUNT APPLICATION FORM

Type of entity: Sole Trader  Partnership  Company  Trustee

Reg. Company ACN: ..... Company ABN:.....

Reg. Business Name of Applicant: .....

Trading Name: .....

Registered Office Address: .....

.....Postcode: .....

Operating Address: .....

..... Postcode: .....

Phone:( )..... Anticipated volume of units per mth.....

Company Email:.....

Nature of Business Activities: .....

Applicant Contact.....Contact's mobile.....

Contact's Email:.....

## DETAILS OF DIRECTORS, PRINCIPALS AND PARTNERS

Name:	Address:	Phone No:

Applicable Licences:.....

Off Grid Installation and Design Trade Licence registration number: .....

Geographical Area of Operations: National ( ) tick or list Australian states:

.....  
or if specific post-codes or metro areas apply:

.....  
Website address (if applicable):.....



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