# COD Account Application

Please complete form in clear block letters

**Company Name:** _____

**Trading Name:** _____

**ABN:** ☐☐ ☐☐☐ ☐☐☐ ☐☐☐ **ACN (companies only):** ☐☐☐ ☐☐☐ ☐☐☐

**ADDRESS & CONTACT DETAILS**

**Contact Name:** _____

**Street:** _____ **Suburb:** _____

**Town:** _____ **State:** _____ **Post Code:** _____

**Phone No:** _____ **Mobile No:** _____

**Email Address:** _____

**INTERNAL AND ADMINISTRATIVE USE ONLY**

**Sales Representative:** _____

**Industry Group:** _____ **Industry Type:** _____

**Category:** A B C D

**New Customer:** ☐ **Yes** ☐ **No**

*Is this a new account? Have they traded with us under this or another name?*

**Shann State Manager Signature:** _____

For Australian customers, please email completed form to **receivables@shann.com.au**

For New Zealand customers, please email completed form to **accounts@shann.co.nz**