



## APPLICATION FOR MEMBERSHIP

To: **CAR CRAFT PANEL & PAINT LTD**  
PO Box 605  
**WELSHPOOL WA 6986**

**Company Name:** \_\_\_\_\_  
\_\_\_\_\_

**ACN:** \_\_\_\_\_ **ABN:** \_\_\_\_\_

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

in the State of Western Australia, hereby apply to become a shareholder of Car Craft Panel & Paint Ltd.

I further acknowledge that the Directors of Car Craft may:

1. Give certain information regarding me/us to existing members of the Car Craft in order for any such existing members to make comment on me/us becoming a member of the Car Craft; and/ or
2. Make such enquiries about me/us as the Directors think necessary to assess my suitability to be a member of the Car Craft.

**NOTE:**

Please note that if the Board of Directors grants approval to this application, the applicant(s) will be required to pay the relevant membership fee, as determined by the Board of Directors, and purchase 1,000 shares at the value of \$1.00 per share in Car Craft Panel & Paint Ltd.

As a shareholder of Car Craft Panel & Paint Ltd, the applicant(s) will be entitled to display the Car Craft logo and identify their premises as a member of Car Craft.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 2009

Signed \_\_\_\_\_  
*Director / Proprietor*

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# CAR CRAFT PANEL & PAINT LTD

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1. Registered Company Name and Australian Business Number:

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2. Unit Trust Name:

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3. Trading Name(s):

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4. Operating Address:

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5. Registered Office:

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6. Directors / Partners Names and Addresses:

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7. Accountants:

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8. Bank(s):

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# CAR CRAFT PANEL & PAINT LTD

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9. Forecast Turnover This Financial Year: \$ \_\_\_\_\_

10. Credit References:

A. \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

D. \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

11. Current Principal Suppliers:

Ford \_\_\_\_\_

GMH \_\_\_\_\_

Mazda \_\_\_\_\_

Mitsubishi \_\_\_\_\_

Nissan \_\_\_\_\_

Toyota \_\_\_\_\_

Auto Refinishing \_\_\_\_\_





**15. Details of Trading Premises:**

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

Are premises owned or leased? \_\_\_\_\_

Lease Term \_\_\_\_\_

Renewal Options \_\_\_\_\_

Number of telephone lines \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_

Fax Number(s) \_\_\_\_\_

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

**16. Insurance Details:**

	Type	Cover	Company
Client Vehicle	_____	_____	_____
Motor Vehicle	_____	_____	_____
Public Liability	_____	_____	_____
Workers' Comp.	_____	_____	_____

**17. Motor Vehicle Repair Business Licence Details:** MRB \_\_\_\_\_

**18. Current Bonafide Agreements with Suppliers:** (with whom & why)

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\_\_\_\_\_  
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\_\_\_\_\_  
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