

## CSB Distributorship Application

This application form is to be completed by those wishing to apply for a Capital Steel Buildings distributorship. Personal information collected by Capital Steel Buildings is treated as confidential and is protected by the Privacy Act 1988.



Business Name:		ABN/ACN:
Business Address:		
City:	State:	Postcode:
Business Type:	Time Trading:	Premises: Owned Leased

Full Name(s):		Birth Date(s):	Marital Status:
Home Address:		Period of Residence:	
City:	State:	Postcode:	Owned Rented Other
Current Occupation:		Employer:	
Phone:	Mobile:	Fax:	

### Business - Employment Experience

Name of Business/Employer	Position	From (Month/Year)	To (Month/Year)

Sales Experience:	
Advertising/Marketing/Promotional Experience:	
Location of Interest:	Possible Start Date:
Do you hold a current builders license? Yes No	
Address of proposed display site:	

### Business References

Name	Business	Phone

Have you ever failed in business: Yes No	If Yes, explain:
Have you ever been declared bankrupt: Yes No	If Yes, explain:
Have you ever been criminally convicted: Yes No	If Yes, explain:
Is there any additional information you would like to add with this application?	

I/we consent to Capital Steel Buildings Pty Ltd carrying out a routine credit examination to allow assessment of this application and I/we certify that the information given by me/us in this application is true and correct and that it can be relied upon by Capital Steel Buildings Pty Ltd in consideration of granting a CSB distributorship to me/us.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_