

C.O.D Dealer Application

Please download and email completed application form to accounts@hyka.com.au

Company Information

Business Name*: _____ ABN/ACN*: _____

Date Established: _____ Website: _____

Business Address*: _____ Suburb: _____ State: _____ Post Code: _____

Mailing Address: _____ Suburb: _____ State: _____ Post Code: _____

Preferred Delivery Option*: Pickup HYKA Courier My Courier - Name & Acc. No: _____

Email for Dispatch Confirmation*: _____

Preferred HYKA Sales Representative: _____

Have you previously held an account with HYKA? Yes No

Previous Trading Name (if applicable): _____

Primary Contact

Name*: _____ Position*: _____

Phone Number*: _____ Mobile: _____ Email*: _____

Drivers Licence Number*: _____ State of Issue*: _____

Additional Contact Information

Sales: _____ Email: _____ Phone: _____

Purchasing: _____ Email: _____ Phone: _____

Accounts: _____ Email: _____ Phone: _____

Other: _____ Email: _____ Phone: _____

Business References

Company*: _____ Contact Name: _____ Phone: _____

Company*: _____ Contact Name: _____ Phone: _____

How did you hear about us? Referral Search Engine Other _____

I have read and accepted Terms and Conditions

Name: _____ Date: _____

For Office Use Only

Dealer Code: _____ Authorised By: _____

