



BLIND MANUFACTURERS'
ASSOCIATION OF AUSTRALIA

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ABN No: 91 093 073 208
ACN No: 093 073 208

APPLICATION FORM FOR RETAILERS AND SERVICE PROVIDERS

Registered Business Name _____

Trading Name: _____

ABN Number: _____ Date Business Established: _____

Type of Business: Sole Trader, Company, Partnership, Trust

Address: _____

_____ Postcode _____

Telephone: _____ Website: _____

Email: _____

Name of Contact Person for BMAA: _____

Description of Business: _____

What products do you offer: _____

Which products are manufactured in Australia: _____

Which products are imported: _____

% Australian Made product = _____

% imported product = _____

TOTAL NUMBER OF STAFF: _____

LOCATIONS WHERE OPERATING:

- ACT
- NSW
- NT
- SA
- TAS
- VIC
- WA
- OTHER _____

PRODUCT TYPE

- RESIDENTIAL
- COMMERCIAL
- MADE-TO-MEASURE
- READY-MADE

TYPE OF PRODUCT SOLD

- ROLLER BLINDS
- ROMAN BLINDS
- PLEATED BLINDS
- PANEL TRACKS
- VENETIAN BLINDS
 - PVC
 - ALUMINIUM
 - TIMBER
- LOUVRES
- TIMBER SHUTTERS
- PVC SHUTTERS
- CURTAINS

- EXTERNAL VENETIAN BLINDS
- PLANTATION SHUTTERS
- FOLDING ARM AWNINGS
- ROLLER SHUTTERS
- LOUVRES
- MOTORISATION
- AUTOMATION/CONTROL SYSTEMS
- COMPONENTS
- FABRIC, MATERIAL SUPPLIER
- Other : please state _____

Please provide 3 trading references with email address: _____

I have read, understood and agree to abide by the Code of Ethics of the BMAA.

Application Completed By (name of person) _____

Position: _____

Date: _____