



Credit Application

1 Business Details

Company

No of years trading using this name

Address

City State Postcode

Phone Fax

Bank BSB Account No

ABN

ACN

Please tick the following

Pty Ltd Partnership Sole trader Public company

Name of registered company

Address

City State Postcode

Phone Fax

Type of business

2 Accounts Payable

Title First name

Surname

Phone Fax

Email

3 Owner's or Directors Details

Title First name

Surname

Address

Email

City State Postcode

Phone Fax

Email

Title First name

Surname

Address

Email

City State Postcode

Phone Fax

Email

4 Trade References

1.

Phone

2.

Phone

3.

Phone

5 Acknowledgement

I undertake to advise of any changes of ownership and I agree to the trading terms listed on this form.

Date

For and on behalf of

(company name)

Signature

6 Personal Guarantee (applies to Pty Ltd only)

I/We note that the trading terms are 7 days from invoice date. I/We note the terms and conditions of sale. I/We guarantee payment of any and all accounts for goods purchased by the above company/business. I/We understand that this guarantee binds me/us personally.

7 Director's Details

Print name

Signature

Date

Print name

Signature

Date



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On completion of this form please fax to (02) 9568 4840