



Credit Application Form

Full trading name: _____

ABN: _____

Mailing address: _____

Delivery address: _____

Person ordering: _____ Phone: _____

Accounts contact: _____ Fax: _____

Trading information: Sole proprietor Phone: _____

Partnership Email: _____

Company Number of years trading: _____

Trust _____

Owners, directors or partners:

Name: Address: Telephone:

1.		
2.		
3.		

Are you a subsidiary / division of a parent company? Yes No If yes, please provide parent company details: _____

Are you a trustee for a trust? Yes No If yes, please provide trust details: _____

Maximum credit required: \$

Account details:

Bank name: _____ BSB: _____

Bank Address: _____ Account number: _____

Trade references:

Company: ABN: Telephone:

1.		
2.		
3.		

The Customer acknowledges and agrees that:

1. it shall be bound by these terms and conditions;
2. By submitting this application, it authorises the Company to make inquiries into the banking and business/trade references supplied above; and
3. if the Customer breaches these terms and conditions or the Company determines that the Customer's financial situation or ability to pay is impaired, the Company may cancel any Credit Facility and cease any further supply of Goods.

SIGNED by the Customer:

SIGNED by the Company:

Signature of authorised officer

Signature of authorised officer

Name of authorised officer

Name of authorised officer