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APPLICATION FOR CREDIT ACCOUNT

Trading name of Business: _____

Registered Company name: _____

Address from which business is conducted: _____

Postal Address (if different to above) _____

Business Phone _____ Fax _____

Contact Person: Purchasing _____ Contact Person: Accounts _____

E-mail address: _____

Anticipated Monthly Purchases \$ _____

ACN/ABN: _____ GST. Registered Yes/ No

Banking Details Bank: _____ Branch: _____

BUSINESS DETAILS

Details of proprietors/partners/directors

Name: _____ Address: _____

Phone: _____

Name: _____ Address: _____

Phone: _____



Trade References:

1. _____ Phone: _____
2. _____ Phone: _____
3. _____ Phone: _____

Signature of applicants: _____ Position: _____

Signature of applicants: _____ Position: _____

TERMS OF TRADING: I/We agree to make full payment of my/our account strictly, 30 days from the date of the invoice. I/We are aware that all accounts outstanding for 45 days or more will be placed on "Credit Hold" and if still outstanding after 60 days, will be placed in the hands of a collection agency. I/We agree that all fees and charges associated with the collection of overdue payments will be added to my/ our account. I/We understand that failure to make payments within agreed terms will jeopardise my/ our account, leading to possible closure. I/We declare that statements and representations made in this credit application are true and correct to the best of my/our knowledge and belief.

Dated this _____ day of _____ 200

OFFICE USE ONLY

APPROVED: NOT APPROVED:

DIRECTOR: _____ SIGNATURE: _____

DATE: ____ / ____ / ____