

Customer Application for 30 Days Commercial Credit

Company:

Name ACN

Registered Office ABN

E-mail Address Phone Number Fax Number

Registered Trading Name

Postal Address

Trading / Delivery Address

Nature of Business

Length of time in Business years

Full name and private address of directors, proprietors or partners:

1. A/H Tel:

2. A/H Tel:

3. A/H Tel:

Credit Limit Request \$

Accounts Contact Name Phone Email

Purchasing Contact Name Phone Email

Trade References:

1. Phone Email

2. Phone Email

3. Phone Email

4. Phone Email

Terms and Conditions provided with this application have been read and understood.

SIGNED NAME & POSITION

Office Use Only

Customer Category Date:

Code: Credit Limit: Authorised:

ABN/ACN Check Emailed 1 2 3 4 Branch:

