

APPLICATION FOR CREDIT

Company Name: _____

Trading Name: _____

Type of Business: Sole Trader Partnership Private Company Trust

Other, please specify: _____ ABN: _____

ACN: _____ Date Commenced: _____

Nature of Business: _____ How long Trading: _____

Postal Address: _____

Contact Name: _____

Phone: _____ Mobile: _____ Fax: _____

If Company, registered office address: _____

Credit Limit Requested: _____ Trading Terms Requested: _____

Payments will be made by: EFT Cheque Direct Deposit

In Case of a Pty Ltd Company or Partnership - Full Name and residential address of Partners / Directors:

1. _____

2. _____

3. _____

4. _____

Bank: _____ Branch: _____ Name on Cheque: _____

Current Business References

Company Name: _____ Address: _____ Contact No: _____ Contact: _____

1. _____

2. _____

3. _____