

## APPLICATION FOR CREDIT ACCOUNT

TRADING NAME	
COMPANY NAME	
POSTAL ADDRESS	POST CODE
DELIVERY ADDRESS	POST CODE
PHONE	

SALES CONTACT
SALES EMAIL
ACCOUNTS PAYABLE CONTACT
ACCOUNTS PAYABLE EMAIL

MONTHLY CREDIT LIMIT \$	
NATURE OF BUSINESS	
NUMBER YEARS IN BUSINESS	
TYPE OF BUSINESS <input type="checkbox"/> COMPANY <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE TRADER <input type="checkbox"/> OTHER _____	
COMPANY NUMBER	REGISTRATION DATE

### Names of Directors/Owner

1) NAME	POSITION
RESIDENTIAL ADDRESS	DATE OF BIRTH ____/____/____
2) NAME	POSITION
RESIDENTIAL ADDRESS	DATE OF BIRTH ____/____/____
3) NAME	POSITION
RESIDENTIAL ADDRESS	DATE OF BIRTH ____/____/____

EXTERNAL ACCOUNTANT	PHONE
EXTERNAL LAWYER	PHONE

### Trade References

COMPANY NAME	CONTACT NAME	PHONE
1)		
2)		
3)		

### Credit Check authorisation

I/we irrevocably authorise any person or company to provide you with any information as you may require in response to your credit enquiries. I have read the terms and conditions of trade attached and agree to accept and abide by them.

NAME \_\_\_\_\_

POSITION \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

