

BUSINESS ACCOUNT CREDIT APPLICATION

BUSINESS INFORMATION	BANKING & CREDIT INFORMATION
COMPANY	CREDIT LIMIT REQUESTED
ADDRESS	PRINCIPAL/PARTNER/OFFICER
SUBURB / TOWN	ACCOUNTS ADDRESS
POST CODE STATE	
PHONE ()	
FAX ()	POST CODE STATE
EMAIL	PHONE ()
	FAX ()
DATE BUSINESS COMMENCED	EMAIL
ABN:	HOW LONG AT CURRENT ADDRESS?
ALCOHOL LICENCE NUMBER:	
	BANK
TYPE	BANK ADDRESS
∏PLC	
LIMITED COMPANY	SUBURB / TOWN
— □SOLE PROPRIETOR	POST CODE STATE
OTHER	PHONE ()
CONTACT NAME	ACCOUNT NAME
PHONE ()	
EMAIL	

PAGE 1/2



BUSINESS / TRADE REFERENCES	AGREEMENT
COMPANY #1	1. All invoices are to be paid 28 days from the date of the invoice.
ADDRESS	2. Claims arising from invoices must be made within 7 working days.
SUBURB / TOWN POST CODE STATE PHONE () FAX ()	3. Overdue invoices may bear interest on unpaid balances. There is also a 10% fee for any declined cheques/automatic withdrawals.
EMAIL	4. In the event of default of payment when due, all
COMPANY #2	5. Any credit extended to the applicant may be reduced or eliminated in the event SOUTH WEST
ADDRESS	
SUBURB / TOWN	or ability to pay is impaired.
POST CODE STATE PHONE ()	6. By submitting this application, you authorise
FAX () EMAIL ACCOUNT TYPE	inquiries into the banking and business/trade
COMPANY #3	applicant SIGNATURE
ADDRESS	NAME
SUBURB / TOWN	POSITION DATE
POST CODE STATE	
PHONE ()	SIGNATURE
FAX ()	NAME
EMAIL	
ACCOUNT TYPE	