



customer credit application for trade account

Business contact information

Contact name:

Phone: Fax: E-mail:

Address:

City: State: Postcode:

In business since:

Sole trader: Partnership: Limited liability: Other:

Business and credit information

Postal address:

City: State: Postcode:

Telephone: Fax: E-mail:

Bank name:

Bank address: Phone:

City: State: Postcode:

Business/trade references

Company name: **Company name:**

Contact name: Contact name:

Address: Address:

City: Postcode: City: Postcode:

Phone: Phone:

Fax: Fax:

E-mail: E-mail:

Company name: **Company name:**

Contact name: Contact name:

Address: Address:

City: Postcode: City: Postcode:

Phone: Phone:

Fax: Fax:

E-mail: E-mail:

Agreement

1. All invoices are to be paid 30 days from the date of Invoiced.
2. Any claims arising from invoices must be made within seven working days of receipt of invoice.
3. By submitting this application, you authorise us to make inquiries into the banking and business/trade references that you have supplied.

Signatures

Title:

Title:

Date:

Date: