



CREDIT APPLICATION

FORM

GENERAL

Phone: 03 9550 9600

Fax: 03 9544 8656

BUSINESS NAME:			
POSTAL ADDRESS:			
DELIVERY ADDRESS:			
ABN:		CONTACT NAME:	
TELEPHONE:		FACSIMILE:	
MOBILE:		EMAIL:	
BANK:		ACCOUNT NAME:	
BRANCH:		DURATION:	
EXPECTED MINIMUM MONTHLY PURCHASES:			

**** SHOULD YOUR ORGANISATION REQUIRE AN ORDER NUMBER FOR PURCHASING, PLEASE LIST BELOW YOU AUTHORISED PURCHASING OFFICERS, AND HAVE THEM SIGN THIS FORM FOR FUTURE VERIFICATION****

SIGNATURE:		PRINT NAME:	
SIGNATURE:		PRINT NAME:	

****CREDIT REFERENCES: (NAME, ADDRESS AND PHONE NUMBER)**

1	
2	
3	

" I hereby declare that the above information is true and correct. I understand that this is a 30 day credit account and interest may be charged outside trading terms. However, if I contravene the terms of this agreement, every effort must be made by me to clear the account and no further credit will be granted. I understand that information may be obtained from the references given above in relation to the opening of this account."

SIGNATURE:		PRINT NAME:	
------------	--	-------------	--

OFF. USE ONLY:	CAT:	SALES AN.:	A/CN:	CUST GRP:
OFF. USE ONLY:	AUTH:	DATE:	ACC MGR:	