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CREDIT APPLICATION (FROM WEB PAGE)

PLEASE NOTE OUR TERMS ARE STRICTLY NETT THIRTY (30) DAYS FROM INVOICE

CUSTOMER BUSINESS NAME: _____

TRADING NAME: _____

POSTAL ADDRESS: _____

POSTCODE: _____ PHONE: _____ FAX: _____

DELIVERY ADDRESS: _____

POSTCODE: _____ PHONE: _____ FAX: _____

DIRECTORS / PROPRIETOR: _____

OR PARTNERS NAME: _____

PRIVATE ADDRESS: _____

_____ POSTCODE: _____ PHONE: _____

NATURE OF BUSINESS: _____

HOW LONG ESTABLISHED: _____ A.B.N. NO. _____

PURCHASING CONTACT: _____

ACCOUNTS CONTACT: _____

BANK: _____ BRANCH: _____

TRADE REFERENCES: **PHONE:** **FAX:**

(1) _____

(2) _____

(3) _____

SIGNATURE: _____ TITLE: _____ DATE: _____

OFFICE USE ONLY:

COMMENT (1) _____

COMMENT (2) _____

COMMENT (3) _____

CREDIT LIMIT: _____ APPROVED BY: _____ DATE: _____