



CREDIT ACCOUNT APPLICATION

Company Name: _____

Trading As: _____

ABN _____

Street Address _____

Postal Address _____

Phone #: _____ Fax #: _____ Email: _____

Directors/Owners: 1) _____
(Signatures not required) 2) _____

Accounts Contact Name: _____

Accounts Contact:

Phone#: _____ Fax#: _____ Email: _____

Trade References:

1. Name _____ Phone _____
2. Name _____ Phone _____
3. Name _____ Phone _____

I/We hereby request that you open a Credit Account in the name of the above Company.
I/We also agree that payment of our account will be made within **30 days of date of invoice.**

Date: _____ Director to sign _____ Print Name _____

Name of Director: _____

PLEASE COMPLETE ASAP AND FAX TO 02 9604 3033