



**CREDIT ACCOUNT APPLICATION**

**DETAILS OF APPLICANT**

Sole Trader  Partnership  Company  Trust  (please tick)

Trading Name:.....

Company/Trust Name:.....Date Established:.....

ACN:.....ABN:.....

Contact Person:.....Mobile No:.....

Business Address:.....

Postal Address:.....

Business Phone:.....Fax:.....

Email:.....

**Personal Details of Sole Trader, Partners, Directors (all Directors must sign) or Individual Trustees**

Full Name of Individual	Position Held	Signature	Drivers Licence No.

**Trade References**

Referee Name	Phone No.	Fax No.
1.		
2.		
3.		
4.		

I agree that by signing this application, I and the applicant are bound by the attached Credit Terms. I certify that the information supplied by me is true and correct. I acknowledge I have read and understand the attached Credit Terms (which are strictly within 30 days end of month) and that I am authorised to sign on the applicants behalf.

NAME:.....SIGNATURE:.....Date:.....