



# Credit Account Application Form

## COMPANY DETAILS

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COMPANY NAME ..... :  
ADDRESS ..... :  
..... :  
..... :  
TELEPHONE ..... :  
FAX ..... :  
EMAIL ..... :  
PURCHASING CONTACT ..... :  
ACCOUNTS CONTACT ..... :  
CO. REGISTRATION NO. .... :  
CREDIT LIMIT REQUIRED..... :

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## TRADE REFERENCES

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NAME ..... :  
ADDRESS ..... :  
..... :  
..... :  
TELEPHONE ..... :  
FAX ..... :

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NAME ..... :  
ADDRESS ..... :  
..... :  
..... :  
TELEPHONE ..... :  
FAX ..... :

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## TERMS

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Our Standard payment terms require payment be received no later than 30 days from the date of invoice (the date of despatch). Signing below acknowledges confirmation and acceptance of these payment terms. Failure to meet the payment terms may result in credit facilities being withdrawn. This should be completed and signed by someone with authority to make decisions about payments.

SIGNED BY ..... :  
POSITION ..... :

SIGNATURE ..... : \_\_\_\_\_

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