

CREDIT APPLICATION

Date:			
CORPORATE INFORMATION:			
Name of Company/Business:			
ABN:		Date Incorporated:	
Date Incorporated:			
Street Address:			
DX Address:			
Postal Address:			
Main Telephone:		Main Facsimile:	
Email:			
ACCOUNTS PAYABLE CONTACT INFORMATION:			
Contact Name:			
Telephone:		Facsimile:	
Email:			
OTHER CONTACT INFORMATION:			
Managing Partner:		Direct Line:	
Financial Controller:		Direct Line:	
BANKING INFORMATION:			
Name of Bank:			
BSB:		Account No:	
Name of Bank Account:			
REQUESTED CREDIT LIMIT AMOUNT PER MONTH:			
Estimated Monthly Purchases:	\$		
TRADE REFERENCES (Please complete all 3):			
Name of Company:			
Contact Name:			
Service Provided:			
Telephone:			
Facsimile:			
Monthly Account Credit Limit:			
Name of Company:			
Contact Name:			
Service Provided:			
Telephone:			
Facsimile:			
Monthly Account Credit Limit:			
Name of Company:			
Contact Name:			
Service Provided:			
Telephone:			
Facsimile:			
Monthly Account Credit Limit:			
APPLICATION SUBMITTED BY:			
Signed:			
Print Name & Position:			
Please fax: (02) 9223 9600 for prompt processing & then original mail to: L7, 135 King St, Sydney, NSW, 2000			
LAW IN ORDER FINANCE DEPARTMENT TO COMPLETE:			
Date Received:		Approved By:	
Processed By:		Credit Limit:	