



Customer Credit Account Application Form

FAX BACK TO: (02) 8594 2244 Attention: **Sales Manager**

Company Details:

Company Name: **Industry/Nature of Business:**
ABN: **Expected Monthly Expenditure:**
Trading Name (if Different): **No. of Office Employees:**
Postal Address: **Date Business Commenced:**
..... **Bank:** **Branch:**
Tel: **Fax:** **How did you find out about us?**
.....
www:

Company Contacts:

Accounts Payable

Name: **Tel:**
Email: **Desired Website Password:**
(This will allow you to download copies of invoices, credit notes, statements etc)

Primary Purchaser:

Name: **Tel:**
Email: **Desired Website Password:**
(This will allow you to order online, access web specials etc)

Main Delivery Address:

Address:
.....
Suburb: **State:** **Postcode:**
Attention:

Credit References:

Ref. 1: Company Name: **Tel:** **Fax:**
Ref. 2: Company Name: **Tel:** **Fax:**
Ref. 3: Company Name: **Tel:** **Fax:**

I understand that the credit terms are NETT 30 DAYS from the end of the month of invoice and I undertake to comply with same. Failure to adhere to this agreement could result in orders being delayed or supplied on a C.O.D. basis only. I understand that title to goods described on any invoice will not pass until payment in full has been received.

Name: **Position:**
Signature: **Date:**