CREDIT ACCOUNT APPLICATION

To Be Completed By Applicants - Please complete all sections

Client's Details:	□ Individual	□ Sole Trader	□ Trust	□ Partnership	□ Company	□ Other:

Full or Legal Name:		
Trading Name (if different from above):		
Physical Address:	State:	Postcode:
Billing Address:	State:	Postcode:
Email Address:		

Phone No:	Fax No:	Mobile No:

Personal Details: *(please complete if you are an Individual)*

D.O.B.	Driver's Licence No:

Business Details: *(please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified)*

ABN:	ACN:	Date Established *(current owners)*:
Nature of Business:		
Estimated Monthly Purchases: $	Credit Limit Required: $	

Directors / Owners / Trustee *(if more than two, please attach a separate sheet)*

(1) Full Name:		D.O.B.	
Private Address:		State:	Postcode:
Driver's Licence No:	Phone No:	Mobile No:	
(2) Full Name:		D.O.B.	
Private Address:		State:	Postcode:
Driver's Licence No:	Phone No:	Mobile No:	

Account Terms:	□ 7 Days following invoice	□ COD	□ Other:

Purchase Order Required? □ YES □ NO	Accounts to be emailed? □ YES □ NO

Accounts Email Address:	
Accounts Contact:	Phone No:
Bank and Branch:	Account No:

Trade References: *(please provide companies that are willing to do trade references)*

Name:	Address:	Phone / Fax / Email:
1.		
2.		
3.		

I certify that the above information is true and correct and that I am authorised to make this application for credit Newcastle Courier Innovative Services Pty Ltd T/A BIC Logistics this Credit Account Application and agree to be bound by these conditions. I authorise the use of my personal information as detailed in the Privacy Act clause therein. *I agree that if I am a director/shareholder (owning at least 15% of the shares) of the Client I shall be personally liable for the performance of the Client's obligations under this contract.*

SIGNED (CLIENT): _____   **SIGNED (SUPPLIER):** _____

Name: _____   Name: _____

Position: _____   Position: _____

WITNESS TO CLIENT'S SIGNATURE:

Signed: _____   Name: _____   Date: _____

OFFICE USE ONLY

Account / Ref. No.	CREDIT LIMIT	APPROVED BY	DATA
	INPUTTED	DATE	
	$		
		/ /	