

## Application for Trade Credit 7 Days

All Payments Due 7 Days from Invoice Issue

Please complete and return to: [accounts@trexpress.online](mailto:accounts@trexpress.online)

### Business Information

**Entity Type:** (Please Select) ☐ Sole Trader ☐ Partnership ☐ Private Company ☐ Trust

Trading Name		Phone	
Business Name		Fax	
Trading Address		Suburb & Pcode	
Postal Address for Correspondence		Suburb & Pcode	
ABN		ACN	
Date Business established			
Registered address (if different to above)			
Approx. Weekly Spend	\$	Credit Limit Requested	\$

### Contact Details

	Name	Surname	Phone	Email
Management Contact				
Accounts Payable				
Freight Contact				

### Declaration

I hereby declare that:

1. The information provided is true and correct
2. I am authorised by the abovenamed business to apply for credit and execute this application
3. The business on approval will be bound by the Conditions of Carriage herewith supplied
4. The business consents to the electronic transmission of the information contained in this document
5. That the business accepts the payment terms stated within this application

Signature	Full Name	Date	Position