| TRADE Credit Application | | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Applicant Information** | | | | | | | | | | |
| Sole Trader  Trust  Partnership  Company  Other | | | | | | | | | | |
| Full or legal Name: | | | | | | | | | | |
| Trading name (if different from above) | | | | | | | | | | |
| Contact Number: | | | | Mobile Number: | | | | | | |
| Business address: | | | | | | | | | | |
| City: | | | State: Choose an item. | | | | | | Postcode: | |
| Postal address: | | | | | | | | | | |
| City: | | | State: Choose an item. | | | | | | Postcode: | |
| **business details** | | | | | | | | | | |
| Nature of business: | | | | | | | | | | |
| ABN: | ACN: | | | | | | | Date established: | | |
| Credit Limit requested: | | | | | | | | | | |
| **Directors/Owners/Trustees** | | | | | | | | | | |
| Full name: | | | | | | | D.O.B | | | |
| Residential address: | | | | | | | | | | |
| Drivers Licence No: | | | | | Mobile No: | | | | | |
| Full name: | | | | | | | D.O.B | | | |
| Residential address: | | | | | | | | | | |
| Drivers Licence No: | | | | | Mobile No: | | | | | |
| Accounts email address: | | | | | | | | | | |
| Accounts contact: | | | | | | Contact Number: | | | | |
| **AGREEMENT** | | | | | | | | | | |
| 1. All invoices are to be paid on the 14th day after end of month 2. All claims arising from invoices must be made within seven working days of receipt of invoice | | | | | | | | | | |
| **TRADE REFERENCES** (please provide companies that are willing to do trade references) | | | | | | | | | | |
| Company Name: | | | | | | | | | | |
| Contact Name: | | | | | | Contact Number: | | | | |
| Address: | | | | | | | | | | |
| City: | | | State: Choose an item. | | | | | | Postcode: | |
| Email Address: | | | | | | | | | | |
| Company Name: | | | | | | | | | | |
| Contact Name: | | | | | | Contact Number: | | | | |
| Address: | | | | | | | | | | |
| City: | | State: Choose an item. | | | | | | | | Postcode: |
| Email Address: | | | | | | | | | | |
| I certify that the above information is true & correct & that I am authorized to make this application for credit. In accordance with section 18N(1)(b) of the Privacy Act 1988, the Applicant authorises the Supplier to give and obtain from credit providers named in this credit application information about the Applicants credit arrangements, credit worthiness, credit standing, credit history or credit capacity that credit providers are allowed to give or receive from each other under the Privacy Act 1988. | | | | | | | | | | |
| Name:  Signature of applicant/director | | | | | | | | | Date: Click or tap to enter a date. | |