

This document must be completed in full with no alterations or deletions (please note any such alterations or deletions will void the application and a new form will have to be completed).

BUSINESS DETAILS AND STRUCTURE

Sole Trader Partnership Company Trust (If the business is a trustee, state the name & type of Trust eg. Discretionary, Unit or Family) _____

Company / Business Name:	Legal Name of Business:
Name of Parent Company (if any):	Shareholding %:
Date Business commenced:	ABN:
How long at current address:	ACN:
Premises: Owned / Leased (circle one)	TRUST ABN:
Nature of Business:	

BUSINESS ADDRESS DETAILS

Street Address	State	Post Code
Billing Address	State	Post Code

BUSINESS CONTACT DETAILS

	Buyer	Accounts Payable	Financial Controller
Name:			
Telephone Number:			
Facsimile Number:			
Email Address:			

DIRECTORS/SOLE TRADER/PARTNERS PERSONAL DETAILS If insufficient space, please attach sheet with further details

1. Full Name	DOB	
Private Address		
Driver's License Number	Phone	Mobile
2. Full Name	DOB	
Private Address		
Driver's License Number	Phone	Mobile

CREDIT LIMIT

Expected Monthly Purchases: \$ _____ Requested Credit Limit: \$ _____

AGREEMENT

The business warrants that the information, including copies of any Driver's License/s, is true and correct. The Business consents to appropriate external credit checks to be carried out and agrees to the attached Credit and Supply Terms and Conditions.

SIGNATURES NOTE: If more than 1 Director or the Secretary is different from that Director then 2 Directors or the Director and the Secretary must sign

Signature		Signature	
Name		Name	
Position		Position	

Office Use Only

Date Approved:	Terms (Select): - 7 or 14 days after invoice date - COD - 30 days End of Month - Other _____ - By Installments/Progress Payments as per specified schedule
Credit Limit:	
Insurance Limit:	Approved By: Signed:
External Credit Check:	
PPSA registered:	