

 PARTNERING WITH

[Company Name]

CREDIT APPLICATION FOR A BUSINESS ACCOUNT


# BUSINESS CONTACT INFORMATION

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Title |  |  |  | Date business commenced |
| Company name |  |  |  | [ ]  Sole proprietorship |
| Phone | Fax |  |  |  | [ ]  Partnership |
| E-mail |  |  |  | [ ]  Corporation |
| Registered company address |  |  |  | [ ]  Other |
| City, Postcode |  |  |  | **ABN Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. Approval of Conditions of carriage.

# SIGNATURES

|  |  |  |  |
| --- | --- | --- | --- |
| Signature |  | Signature |  |
| Name and Title |  | Name and Title |  |
| Date |  | Date |  |