



28 Burrows Road St Peters NSW 2044  
P.O.Box 725 • Botany • NSW • 1455 • Tel:(02) 9519 2166 • Fax: (02) 9519 1755

Application for a 30 Day Credit Account First Schedule

Registered Name of Company \_\_\_\_\_

A.B.N. \_\_\_\_\_ A.C.N. \_\_\_\_\_

Trading Name \_\_\_\_\_

Affiliated or Parent Name \_\_\_\_\_

Postal Address \_\_\_\_\_

Delivery Address \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Accounts Payable Contact \_\_\_\_\_ Email \_\_\_\_\_

Commencement Date of Business \_\_\_\_\_

Nature of Business \_\_\_\_\_

Estimate of average monthly credit requirements \$ \_\_\_\_\_

<u>Directors/Proprietors Full Name</u>	<u>Residential Address</u>	<u>Date of Birth</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Bank Details**

Bank \_\_\_\_\_ Branch Address \_\_\_\_\_

BSB \_\_\_\_\_ Account No \_\_\_\_\_

Trade References ( Please note Fuel Tyre & Courier Companies are not acceptable)

<u>Company Name</u>	<u>Telephone No</u>	<u>Fax No</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Signature of this document confirms acceptance of the following terms.

To enable the supplier to access this application for commercial credit the customer authorises the supplier to obtain from a credit reporting agency such information as is required.

The customer and signatories appearing below acknowledge receipt of a copy of this agreement and upon acceptance by the supplier in writing or supply of goods or service and having read the terms of this agreement, agree to be bound accordingly. Terms are 30 days from the end of the month in which goods or services are provided.

Goods supplied remain the property of the supplier until payment is received.

Signature of Director, Proprietor, Authorised Officer \_\_\_\_\_

Name (Please print) \_\_\_\_\_

Position \_\_\_\_\_ Date \_\_\_\_\_