



CREDIT ACCOUNT APPLICATION

Business Name: _____ GST #: _____

Trading Name: _____
(if different to Business name)

Postal Address: _____

Delivery Address: _____
(if different to postal) _____

Telephone: () _____ Mobile: () _____

Email Address: _____

Registered Officer or Accountant: _____

Name of Owners/Partners:

- 1. _____
- 2. _____

Residential Address of Owners/Partners:

- 1. _____
- 2. _____

Contact Name For:

Accounts: _____ Purchasing: _____

Trade References:

1. Name _____ Ph: _____

Address: _____

2. Name: _____ Ph: _____

Address: _____

PLEASE COMPLETE: -

I/We authorize any person or company to provide you with such information as you may require in response to your credit enquiries. I/We declare the particulars set out in this application are true and correct.

Authorized Person (print name)

Signature

Position

Date