



Credit Account Application & Agreement

Applicant Details

Registered Company Name			
Trading As (where applicable)			
Street Address			
Postal Address (if different from above)			
Contact Details	Bussiness Ph:	Mobile ph:	
	Email:		
Nature of Business			
Anticipated monthly Purchase	\$	Max Credit Requested: \$	
Purchase Order Number required	Yes		No
Contact Person for Accounts		Email:	

Company particulars

Company Number:			Date of Incorporation:	
Registered Office:				
Directors Full Name	Residential Address	Home Phone		
1				
2				
Please attach separate details if more that 2 directors				
How Long has company traded under current ownership?				
Have the company and/or it Directors ever been served with a statutory demand or other proceedings in relation to recovery of debt?				
Have the company and/or it Directors ever been Declared Bankrupt?				

Trade References

Company Name	Contact Name	Address	Phone Number

Have you ever had an Account Application declined by a supplier?	Yes	No
If yes why?		

All fields Must be completed before this Application can be Processed

