

NEW CUSTOMER CREDIT APPLICATION FORM

Company Name: _____ ABN / ACN: _____

Applicant Details:

Trading Name (if different): _____

Registered Business Address: _____

Postal Address: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Contact Person:

Full Name: _____

Position/Title: _____

Phone Number: _____ Mobile Number: _____

Email Address: _____

Credit Details:

Requested Credit Limit (AUD): _____

Trading Terms Requested: _____

Business Structure:

Sole Trader Partnership Company Trust

If Company or Trust, please specify ACN/ABN: _____

Trade References (minimum 3):

Business Name	Contact Name	Phone Number	Email Address

Bank Details:

Bank Name: _____

Branch: _____

BSB: _____ Account Number: _____

Authorised Signatories:

Name: _____

Position: _____

Signature: _____ Date: _____

Terms and Conditions:

1. The Applicant acknowledges that this credit application is subject to approval by the Supplier and acceptance of the Supplier's standard trading terms.
2. The Applicant agrees to pay all invoices in accordance with the agreed trading terms and understands that failure to do so may result in credit being withdrawn.
3. The Applicant authorises the Supplier to make such enquiries as necessary to assess creditworthiness, including trade references and credit reporting agencies.
4. The Applicant agrees to notify the Supplier immediately of any change in ownership, structure, or financial circumstances that may affect credit arrangements.
5. This application and any credit agreement arising out of it shall be governed by the laws of Australia and the parties submit to the non-exclusive jurisdiction of the courts of the relevant State or Territory.
6. The Applicant certifies that all information provided is true, correct, and complete and agrees that the Supplier may retain this information in accordance with applicable privacy laws.

APPLICANT'S AUTHORISED SIGNATURE

SUPPLIER'S AUTHORISED SIGNATURE

Signature: _____

Signature: _____

Name (Print): _____

Name (Print): _____

Date: _____

Date: _____

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