

Credit Account Application Form

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Customer Number (office use only)

Registered Name: _____

Registered No.: _____ G.S.T. No.: _____

Trading Name: _____

Telephone: _____ Fax: _____

Mobile No.: _____ Email: _____

Physical Address: _____

Post Code: _____

Account Department Contact: Title: (Mr/Mrs/Miss/Ms)

Last Name: _____

First Name: _____

Direct Tel: _____

Email Add.: _____

Postal Address: _____

Post Code: _____

Delivery Address: _____

Post Code: _____

Business Status: Sole Proprietor Partnership/Trust Incorporated Company

Other _____

Payment Guarantors: _____ Address: _____

1. _____

2. _____

Payment Terms: Payment of Account shall be by the 20th of the month following the month in which the invoice was issues.

CREDIT FACILITIES MAY BE WITHDRAWN ON OVERDUE ACCOUNTS AT THE COMPANY'S DISCRETION AND WITHOUT NOTICE

Acceptance:

Name: _____ Position: _____ Signature: _____