



Customer Credit Application

Business contact information

Business Name:

Contact name:

Phone:

Fax:

E-mail:

Address:

City:

State:

Postcode:

In business since:

Sole trader:

Partnership:

Limited liability:

Other:

Business and credit information

Postal address:

City:

State:

Postcode:

Telephone:

Fax:

E-mail:

Bank name:

Bank address:

Phone:

City:

State:

Postcode:

Business/trade references

Company name:

Company name:

Contact name:

Contact name:

Address:

Address:

City:

Postcode:

City:

Postcode:

Phone:

Phone:

Fax:

Fax:

E-mail:

E-mail:

Company name:

Company name:

Contact name:

Contact name:

Address:

Address:

City:

Postcode:

City:

Postcode:

Phone:

Phone:

Fax:

Fax:

E-mail:

E-mail:

Agreement

1. All invoices are to be paid on the 20th of the month following the date of the invoice.
2. Any claims arising from invoices must be made within seven working days of receipt of invoice.
3. By submitting this application, you authorise [Enter your company name here] to make inquiries into the banking and business/trade references that you have supplied.

Signatures

Title:

Title:

Date:

Date:

Please note that this is a guide only and should neither replace competent advice, nor be taken, or relied upon, as financial or professional advice. Seek professional advice before making any decision that could affect your business.