

TRADE CREDIT APPLICATION

BUSINESS DETAILS			
Business Name:			
Trading	Name:		
ABN:		ACN:	
Date Business Commenced:		Line of Business:	
Sole Trader Partnership Trust Company			
Postal Address:			
Delivery Address:			
Telephone:		Fax:	
Email:		Purchasing Contact:	
BANKING DETAILS			
Bank:		Branch:	
Telephone:		Fax:	
Address:			
DIRECTORS/PARTNERS DETAILS			
1.	Name:	Telephone:	
	Address:		
2.	Name:	Telephone:	
	Address:		
3.	Name:	Telephone:	
	Address:		
BUSINESS/TRADE DETAILS			
1.	Business Name:	Contact:	
	Telephone:	Email:	
	Address:		
2.	Business Name:	Contact:	
	Telephone:	Email:	
	Address:		
3.	Business Name:	Contact:	
-	Telephone:	Email:	
	Address:		



DIRECTORS/PARTNERS/OWNERS GUARANTEE:

- 1. I/We request a CREDIT AMOUNT of \$_____ and realise that this will be the credit limit for the account at any particular time.
- 2. I/We understand that for the first thirty (30) days, all purchases must be paid prior to delivery, and any purchases thereafter are supplied on a strictly 30 DAY EOM NET payment basis.
- 3. I/We understand that any overdue payment or excess on the stipulated credit limit/trading terms will result in stop credit until the overdue/excess amount is paid in full.
- 4. I/We request Rox Industries grant credit account facilities in acceptance of the above terms.
- 5. I/We agree that the requested supplied information is true and correct in every particular.
- 6. I/We acknowledge that if this company grants credit, this will be done in reliance upon the information supplied by me/ourselves.

1. Signature:	Name:		
Position:	Date:		
2. Signature:	Name:		
Position:	Date:		
WITNESS/WITNESSES:			
1. Signature:	Name:		
Position:	Date:		
2. Signature:	Name:		
Position:	Date:		
OFFICE USE ONLY			

Granted Credit Amount: \$ _____ Trading Terms Strictly: _____

Authorised By (Sign): Position:

GUARANTOR/S: