|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Business Credit Application Form | | | | | | | |
| Business contact information | | | | | | | |
| 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:  Date: | | | | | Title:  Date: | | |