

CREDIT APPLICATION FORM FOR COMMERCIAL CREDIT

Please complete and return to:

Full trading name/s of Applicant:

Postal address:

Email:

Physical address:

Phone: Fax: Mobile:

Your bankers name:

Bank Address:

Please state maximum credit requirement \$:

Name of Managing Director/Managing Partner:

Name of person responsible for payment of account on time:

If a Limited Company

Address of Registered Office:

Year of Incorporation:

If a partnership give full names (not initials) and private address/es of ALL partners

a)

b)

c)

d)

Year of commencement:

References

Name, address and phone no. of a principal supplier:

Approximately what value do you buy from this supplier each year? \$:

Declaration by Credit Applicant

We hereby request you to open a credit account.

Director's/Partner's Declaration:

I, being an authorised Officer of this business, do agree that payment of all accounts will be received by you (our supplier) within your stated credit terms.

I/We appreciate that adherence to this obligation is the essence of the contract between us.

I/We authorise you to obtain any information that is necessary to evaluate mine/our credit worthiness.

I/We accept that if we fail to pay out account, you are authorised to pass information to an outside agent to assist in recovery.

Signed: Name (please print):

Date:



GUARDIAN CREDIT SERVICES LIMITED