

Customer Credit Application

I hereby apply for a Credit Account to commence from/...../.....

For (Registered Trading Name)

Legal Entity Name

ABN Telephone

Purchasing Officer Name Email

Accounts Name Email

Billing Address

Post Code

Delivery Address

Post Code

Names & Addresses of Principal Directors/Partners/Controlling Person

HOW DID YOU COME TO KNOW ABOUT US?

Credit Limit Requested \$ Number of years in business

Name of person to be contacted on credit matters

Trade References (*major representative accounts please*)

Business Name Contact

Phone Fax no /email address

Business Name Contact

Phone Fax no /email address

Business Name Contact

Phone Fax no /email address

Has the business ever been refused a Credit Account, or had an account stopped or cancelled by a supplier, bank or credit provider? If yes, please supply details on the back of this form. **YES / NO**

Is the business profitable and in good financial condition? If NO, please supply details on the back of this form. **YES / NO**

Has any director, or a person concerned with the ownership or management of the business:
1/ Assigned their estate for the benefit of creditors or been declared bankrupt. **YES / NO**

2/ Been a secretary, director or a person concerned in the management of a business which has been placed under a receiver or manager, or wound up, or which has entered into a compromise or scheme of arrangement with creditors? **YES / NO**

Property in and title to the goods shall remain with Brisbane Office Supplies and does not pass to the customer until all monies payable pursuant to this contract (including any administration fees, freight or insurance charges) have been paid in full to Brisbane Office Supplies. The goods shall be at the customer's risk immediately upon delivery.

Is there anything else you feel you should mention to us which could affect the decision about offering you this account?

Signed on and on behalf of the above company by: (Sign Here)

(Print Name) Title

Date / /