

Consumer Credit Application

Business contact information					
Contact name:					
Phone:	Fax:	E-mail:			
Address:					
City:	State:	Postcode:			
In business since:					
Sole trader: <input type="checkbox"/>	Partnership: <input type="checkbox"/>	Limited liability: <input type="checkbox"/>	Other: <input type="checkbox"/>		
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:			
Agreement					
1. All invoices are to be paid on the 20 th 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:			