

Company
Logo

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			
<p>1. All invoices are to be paid on the 20th of the month following the date of the invoice.</p> <p>2. Any claims arising from invoices must be made within seven working days of receipt of invoice.</p> <p>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.</p>			
Signatures			
Title:		Title:	
Date:		Date:	