



HIGH ACCESS CABLING

APPLICATION FOR CREDIT ACCOUNT

YOUR COMPANY DETAILS ("Debtor")

Trading Name: _____

Registered Business Name (if different): _____

ABN No: _____ Description of Business: _____

Registered Office Address: _____

Postal Address: _____

Phone: (____) _____ Fax: (____) _____ Email: _____

Contact Names:

Purchaser: _____ Accounts Payable: _____

Amount of Credit Required: _____ In Business Since: _____

No. of Employees: _____

Type of Business (please circle):

Company Partnership Proprietorship

Division / Subsidiary of _____

DIRECTORS / PROPRIETORS OR COMPANY PRINCIPLES:

Name:	Home Address:	Mobile Telephone #:

BANKING DETAILS:

Bank Name:	Branch:	BSB#	Account#

TRADE REFERENCE:

Company Name	Address	Tel #	Fax #



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CONFIRMATION OF INFORMATION ACCURACY AND ACKNOWLEDGEMENT OF TERMS AND CONDITIONS

I hereby certify that the information in this credit application is correct and acknowledge that the information included in this credit application is for use by High Access Cabling Pty Ltd in determining the extent and conditions of credit to be extended to the Debtor. I understand that High Access Cabling Pty Ltd may also utilise other sources of information which it considers necessary in making this determination.

Furthermore, I hereby authorise any person or company named in the references listed in this credit application to release information necessary to assist High Access Cabling Pty Ltd.

Signature of
Director / Proprietor /
Authorised Officer:

Name:

Position in Company:

Date:

Acknowledged by High Access Cabling Pty Ltd

Initials:

Date:
