

APPLICATION FOR CREDIT ACCOUNT



YOUR COMPANY DETAILS ("Debtor")

Trading Name:

Registered Business Name (if different):

ABN No:

Description of Business:

Registered Office Address:

Postcode:

Postal Address:

Postcode:

Phone: ()

Fax: ()

Email:

CONTACT NAMES

Purchaser:

Accounts Payable:

Amount of Credit Required: \$

In Business Since:

No. of Employees:

Business Structure: Private Company Partnership Sole Trader Trust Government Public Company

Division / Subsidiary of:

DIRECTORS / PROPRIETORS OR COMPANY PRINCIPLES

Name	Home Address	Mobile No.
	P/code	
	P/code	
	P/code	

BANKING DETAILS

Bank Name	Branch	BSB No.	Account No.

TRADE REFERENCE

Company Name	Address	Tel No.	Fax No.
	P/code	()	()
	P/code	()	()
	P/code	()	()

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:

Acknowledged by High Access Cabling Pty Ltd

Initials:

Name:

Date:

Position in Company:

Date:
