



CREDIT APPLICATION – 30 DAY ACCOUNT

Part 1 - FOR COMPANIES/TRUSTS

Company Name:

Trading as:

A C N: A B N:

Business Address:

Postcode:

Postal Address:

Postcode:

Tel:
0

Fax:
0

Accounts Payable Address:

Postcode:

Tel:
0

Fax:
0

Accounts Contact:

Telephone:

Email for invoices and Statements:

Sales Contact:

Telephone:

Email:

3.

Directors: 1.

2.

4.



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Part 2 - FOR SOLE TRADERS/PARTNERSHIPS

Principal(s) Name(s): 2

Address(es):

If additional names,
please attach list

Trading as:

Business Address:

Postcode:

Postal Address:

Postcode:

Tel: Fax:

0 0

Part 3 – TRADING STYLE

Industry Type:

Date Business Commenced:

Premises: Owned Rented Leased

Initial Order Value: \$ Monthly Credit Required: \$

Bank & Branch:

Trade References (please provide (4)):

	Company Name	Telephone	AR Email
1	<input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	<input type="text"/>



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Accountants Name:

If the applicant is a Builder or Plumber,
please advise Registered Licence Number:

Preferred freight forwarder:

Company:	Account Number:
Telephone Number:	

Please carefully read the attached terms and conditions.

1. I/We the undersigned declare that the information provided by me/us in support of this application is true and correct in every particular.
2. I/We agree to be bound solely by your 30 Day Terms and Conditions as detailed overleaf and I/We further agree that any Terms are Conditions of purchase that may be incorporated to any order, acceptance of quotation or any other document delivered by me/us, shall unless those Terms and Conditions are agreed in writing by your duly authorised representative, have no legal effect.
3. I/We agree that any legal costs incurred by you on a solicitor and own client basis in the recovery of any monies due by me/us, shall be recoverable in full from me/us.
4. Thereby certify that I am authorised to sign this application on behalf of the applicant.

Signature:

Date

Name:

Position:

If your Director/s cannot sign the application please have a person authorised to sign on their behalf.

Please return application, attention Credit Control either by:

Email – sales@tepol.com.au

If you require assistance at any time, please contact our office on 03 62725766.