



CREDIT APPLICATION FORM

PLEASE RETURN THIS FORM TO: _____ Fax: _____

COMPANY NAME _____

TRADING NAME _____

POSTAL ADDRESS _____ DELIVERY ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

DECISION MAKER _____ EMAIL _____

SALES CONTACT _____ EMAIL _____

ACCOUNTS PAYABLE CONTACT _____ EMAIL _____

BUSINESS TYPE _____ YEARS TRADING _____

BANK & BRANCH _____ ESTIMATED CREDIT REQUIRED _____

REGISTERED NAME _____ CHIEF EXECUTIVE _____

ADDRESS _____ PARENT COMPANY NAME (IF APPLICABLE) _____

DIRECTOR/s NAME, ADDRESS & PHONE NUMBERS (NOT MOBILE)

1. _____

2. _____

3. _____

TRADE REFERENCES (COMPANY NAME, PHONE NUMBER, CONTACT PERSON)

1. _____

2. _____

3. _____

PRIVACY ACT - DISCLOSURE AND CONSENT

I/We, authorise Select to gather information it reasonably regards as necessary for credit enquiry purposes, from any appropriate person or company.

Authorise any person, or company, to provide Select with any reasonable information which is necessary for credit enquiry purposes.

Acknowledge that I/we do not have to provide Select with any information, but if I/we do not, it may affect their decision to provide credit.

Understand that I/we have certain rights under the Privacy Act 1993, to access and correct any information held about me/us.

TERMS OF SALE AND AGREEMENT

1. I/We hereby make application for a credit account to be opened in the name of the above company/person.

2. I/We hereby authorise Select to check the credit references herewith supplied.

3. I/We agree to pay this account within seven (7) days of the date of invoice.

4. In the case of unpaid debts I/we acknowledge that the above information will be passed to an appointed agent for debt recovery.

5. I/We agree to pay on demand all collection and solicitors fees, charges and/or costs and enforcement costs incurred or expended in recovering payment of the account.

6. I/We understand that the completion of this form does not guarantee that a credit account will be opened.

I/We have read, and understand your Terms of Sale and Agreement and agree to abide by them

Signature: _____ (Director, Proprietor, Company Secretary Only)

Designation: _____ Date: _____

FOR LIMITED COMPANIES:

As a director(s) of the above company, I/we jointly and severally accept liability for credit extended on this Credit Application and we undertake to pay for all goods & services supplied by you if the company fails to meet its obligations under this Application.

DATE: _____ SIGNED: _____

Designation: _____

Print Full Name: _____