

## Credit Application for a Business Account

### BUSINESS CONTACT INFORMATION:

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Registered Company Address: \_\_\_\_\_  
\_\_\_\_\_

Date Business Commenced: \_\_\_\_\_

Credit Line Requested: \_\_\_\_\_

Business Type:  Sole Trader  Limited Company  Pty. Ltd.  Other: \_\_\_\_\_

### BUSINESS ACCOUNTS DEPARTMENT INFORMATION:

Principal / Partner / Officer Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Postal Address: \_\_\_\_\_  
\_\_\_\_\_

### TRADE REFERENCES:

Company Name: \_\_\_\_\_

Type of account: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_

Type of account: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Company Name: \_\_\_\_\_

Type of account: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

### AGREEMENT:

1. All invoices are to be paid 30 days from date of issue.
2. There is a \$30 returned payment fee for declined cheques/automatic withdrawals.
3. In the event of a default of payment when due, all costs of collection, including legal fee and court costs shall be paid by the applicant.
4. Any credit extended to the client may be reduced or eliminated in the event Network Cairns Pty Ltd, in its reasonable discretion, determined that the applicant's financial situation or ability to pay is impaired.
5. By submitting this application, you authorise Network Cairns Pty Ltd to make inquiries in to the banking and business/trade references that you have supplied.

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_