

Credit Application

(Please Print Clearly)

Date :

Business Name :

Trading as :

A.B.N. :

A.C.N. (if applicable) :

Type of Business : *Partnership* *Individual* *Company* *Trust*

Registered Office :

Date of Incorporation :

Trading Address :

Delivery Address :

Nature of Business :

Number of Employees :

Telephone Numbers : **Business Phone** **Business Fax:**

Purchasing Contact : *Name*

Phone *Fax*

Accounts contact : *Name*

Phone *Fax*

Technical Contact : *Name*

Phone *Fax*

ABN 71066 247 176

7 Bastow Place

Mulgrave 3170

Victoria Australia

Tel: +61 3 9560 0999

Fax: +61 3 9560 0099

blueconnections.com.au



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pty ltd

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Director/Proprietor Name :

Address

Director/Proprietor Name

Address

Director/Proprietor Name :

Address

Financial Data :

Turnover last 12 mths

Est. Turnover next 12 mths.....

Net Assets of Business

Branches & Associated Companies :

Address :

Branches & Associated Companies :

Address

Brief Trading history :

.....

.....

Banking Details : Bank *Account Title*.....

Branch/BSB *Account No.*

Please indicate estimated monthly purchases :

\$ 5,000	\$ 10,000	\$ 20,000	\$ 50,000
\$75,000	\$100,000	\$200,000	\$250,000 plus



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Terms of Credit :

Terms of Credit will be advised upon review of Credit Application and all accounts are to be paid within stipulated period.

Financial Statements Attached: YES / NO

All Proprietors or all Directors of a Company must sign the following warranty :-

In consideration of your agreeing to our request to trade with Blue Connections Pty. Ltd. on a credit basis we, the abovementioned proprietors or directors (in the case of a company being proprietary), hereby warrant that all details above are true and correct and agree to accept and be bound by the terms of credit and trading.

Dated the day of 20

Print Name: Print Name: Print Name:

Signature : Signature : Signature :

Witness : Witness : Witness :

Print Name: Print Name: Print Name:

TRADE REFERENCES - Full names and addresses

(Minimum of 4 Trade Creditors with whom you have a credit history not including Accountants or Solicitors) :

Authorisation is hereby given for Blue Connections Pty. Ltd. to make such credit checks as they consider appropriate to this Application.

1.

Business Name :

Address :

Phone no :

Fax no :

2.

Business Name :

Address :

Phone no :

Fax no :



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3.

Business Name :

Address :

Phone no :

Fax no :

4.

Business Name :

Address :

Phone no :

Fax no :

I/WE AGREE TO TRADE PURSUANT TO THE CREDIT TERMS AND CONDITIONS OF BLUE

CONNECTIONS AND I/WE WARRANT THAT

THE INFORMATION CONTAINED HEREIN IS TRUE AND ACCURATE.

SIGNATURE OF PUBLIC OFFICER:

POSITION:

PLEASE PRINT NAME:DATE:

(PLEASE NOTE: The original document must be received intact prior to an account being considered)

IMPORTANT : REFER TO CREDIT TERMS & CONDITIONS



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