



**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:  Fax:   
0\_\_\_ 0\_\_\_

Accounts Payable Address:

Postcode:

Tel:  Fax:   
0\_\_\_ 0\_\_\_

Accounts Contact:

Telephone:

Email for invoices and Statements:

Sales Contact:

Telephone:

Email:

Directors: 

1. <input type="text"/>	3. <input type="text"/>
2. <input type="text"/>	4. <input type="text"/>



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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: 0\_\_\_

Fax: 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			
2			
3			
4			



**CREDIT APPLICATION – 30 DAY ACCOUNT**

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 – [receivables@epol.net.au](mailto:receivables@epol.net.au) + [sales@epol.net.au](mailto:sales@epol.net.au)**

**If you require assistance at any time, please contact our office on 1800 215 216.**