

APPLICATION FOR COMMERCIAL CREDIT ACCOUNT

REGISTERED COMPANY NAME:

ACN:

TRADING NAME:

ADDRESS:

TELEPHONE NUMBER: FAX NUMBER:

NATURE OF BUSINESS: NO. YEARS OF TRADING:

FULL NAMES OF HOME ADDRESSES OF PROPRIETORS OR DIRECTORS	Date Of Birth	Drivers Lic. No
1.
2.
3.

BANK: BRANCH:

APPROXIMATE MONTHLY CREDIT REQUIRED:

TRADE REFERENCES: Please provide names and phone numbers of main suppliers to whom references can be made

NAME: TELEPHONE:

NAME: TELEPHONE:

NAME: TELEPHONE:

CREDIT TERMS

1. Payment of the account is to be made strictly within **30 days** from date of invoice.
2. Credit facilities may be withdrawn on overdue accounts and or accounts exceeding credit facilities.
3. The company reserves the right to use the services of a credit reporting service and mercantile agent.
4. I/We acknowledge that SITA-RESOURCECO Alternative Fuels Pty Ltd has informed me/us in accordance with s.18E(8)(c) of the Privacy Act 1988, as amended that certain items of personal information about me/us contained in this application and permitted to be kept on credit information file may be disclosed to a credit agency.

I/We undertake to adhere to the credit terms.

Applicant Signature: Name:

Position: Date of Application:

OFFICE USE ONLY

Approved By: Date Approved:

RETURN TO:
SITA-RESOURCECO ALTERNATIVE FUELS PTY LTD
PO Box 542
ENFIELD PLAZA SA 5085