



ABN: 90 139 506 022
Email: sales@kelsealrubber.com.au

CREDIT APPLICATION FORM

Name of Applicant / Business: _____

Trading Name: _____

Invoicing Address: _____

Telephone: _____ Facsimile: _____ Email: _____

Delivery Address (if different to above): _____

Nature of Business: _____

Year Business Commenced: _____ ABN: _____

Bank Name: _____ BSB No.: _____ Account No.: _____

Directors/ Proprietors: _____

Directors/ Proprietors: _____

Accounts Payable Officer: _____

Credit Required Monthly: _____

Trade References (All Three To Be Completed):

- | | | | |
|----|-------|--------------|------------|
| 1. | _____ | Phone: _____ | Fax: _____ |
| 2. | _____ | Phone: _____ | Fax: _____ |
| 3. | _____ | Phone: _____ | Fax: _____ |

I certify that the above information is true and correct in every detail. I hereby agree to pay all accounts on a strict 30 days from the date of the invoice and in accordance with our standard terms and conditions, I understand that, should payment not be made according to these terms, account facility may be revoked.

Signed: _____ Print Name: _____

Date: _____

Official Office Use only:

Credit Limit:	Term:
Approved By:	Date: