



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company name			<input type="checkbox"/> Sole proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Trust
Trading as			
Phone Fax			
E-mail			
Registered company address City, State, Post Code			
ABN/ACN:		Date Business Started	

BUSINESS AND CREDIT INFORMATION

How long at current address?		Bank name:	
Own or Lease:		Branch:	
Landlord:		Phone:	
Phone:		Account number:	
E-mail:		Type of account:	<input type="checkbox"/> Savings <input type="checkbox"/> Cheque <input type="checkbox"/> Other

BUSINESS/TRADE REFERENCES

Company name		Phone	
Contact		E-mail	
Company name		Phone	
Contact		E-mail	
Company name		Phone	
Contact		E-mail	

AGREEMENT

1. All invoices are to be paid 30 days from the end of month of the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By signing and submitting this application, you authorize Eurofast Pty Ltd to make inquiries into the banking and business/trade references that you have supplied and that you agree to Eurofast's Terms and Conditions.

SIGNATURES

Signature 1		Signature 2	
Name and Title		Name and Title	
Date		Date	