



9 Grand Avenue, Camellia NSW 2142
 Phone: (02) 9684 6599 - Fax: (02) 9684 6682
 ABN: 75 085 474 111

CREDIT APPLICATION FORM

Application for a 30 day Account

Company Particulars	
Registered Company Name:	
Business Address:	
Postal Address:	
Phone No:	Fax No:
A.C.N No:	A.B.N No:
Bank:	Branch:
Nature of Business:	

Trade References	
Name:	Phone No:
	Fax No:
Name:	Phone No:
	Fax No:
Name:	Phone No:
	Fax No:

Directors Full name & private addresses	
1.	
2.	
3.	

I/We supply the information in this form for the sole purpose of obtaining a 30 day commercial credit account. The applicant authorises Computertrans to make enquiries as to my/our credit worthiness in support of this application and subsequently in support of future trading. If the account is granted I/We undertake to pay all amounts invoiced to us within the stated period. If any amount invoiced is not paid within the stated period, than all amounts invoiced to us by the company shall become due and payable immediately. I/We understand and acknowledge that Computertrans reserves the right to withdraw credit at any time at its absolute discretion.

Directors Name:	Sign:	Witness:
Directors Name:	Sign:	Witness:

Above signature must be of a Director/s/Proprietor or public officer of the company

Office Use Only		
Credit Limit:	Date:	Approval

