

# CREDIT APPLICATION FORM FOR COMMERCIAL CREDIT

Please complete and return to:

Full trading name/s of Applicant: .....

Postal address: .....

Email: .....

Physical address: .....

Phone: ..... Fax: ..... Mobile: .....

Your bankers name: .....

Bank Address: .....

Please state maximum credit requirement \$: .....

Name of Managing Director/Managing Partner: .....

Name of person responsible for payment of account on time: .....

## If a Limited Company

Address of Registered Office: .....

Year of Incorporation: .....

## If a partnership give full names (not initials) and private address/es of ALL partners

a) .....

b) .....

c) .....

d) .....

Year of commencement: .....

## References

Name, address and phone no. of a principal supplier: .....

Approximately what value do you buy from this supplier each year? \$: .....

## Declaration by Credit Applicant

We hereby request you to open a credit account.

### Director's/Partner's Declaration:

I, being an authorised Officer of this business, do agree that payment of all accounts will be received by you (our supplier) within your stated credit terms.

I/We appreciate that adherence to this obligation is the essence of the contract between us.

I/We authorise you to obtain any information that is necessary to evaluate mine/our credit worthiness.

I/We accept that if we fail to pay out account, you are authorised to pass information to an outside agent to assist in recovery.

Signed: ..... Name (please print): .....

Date: .....



# GUARDIAN CREDIT SERVICES LIMITED