

COMMERCIAL CREDIT APPLICATION

[] Company [] Partnership [] Sole Trader

Full Name of Applicant: _____

Trading Name: _____

Commencement Date of Business: _____ A.C.N: _____ A.B.N: _____

Postal Address: _____

_____ Post Code: _____

Street Address: _____

_____ Post Code: _____

Telephone No: _____ Fax. No: _____ Mobile No: _____

Company Principal: _____ Booking Contact: _____

Accounts Payable Officer: _____ Accounts Email: _____

Nature of Business Activities: _____

Bank: _____ Branch: _____

BSB No: _____ A/C No: _____

Names and Residential Addresses of two Directors / Partners / Principals:

1. Name: _____

Address: _____ Post Code: _____

2. Name: _____

Address: _____ Post Code: _____

Names and Telephone Numbers of three Trade References or Suppliers:

1 Name: _____ Phone No: _____

2 Name: _____ Phone No: _____

3 Name: _____ Phone No: _____

I / We understand that trading terms are **Nett 7 days** from invoice date. []

I / We have read and understand the conditions of cartage attached to this application. []

I / We agree to COOLTRANS obtaining personal credit information from a Credit-reporting Agency in relation to this commercial credit application. []

It is expressly agreed that in the event of non-payment of any amounts due by the above debtor, the undersigned Director/Partner/Principal agrees to pay any outstanding monies to COOLTRANS. []

I / We agree to the above terms. []

Signature of Director / Partner / Principal: _____

Title of Signatory: _____ Date of Application: ____ / ____ / ____