



## Credit Account Application

TO BE COMPLETED BY APPLICANTS

Please complete all sections and read the Terms and Conditions of Trade overleaf.

BUYER'S TRADE NAME: ..... DATE: .....

BUYER'S FULL or LEGAL NAME: .....

**ALL BUYERS TO COMPLETE**

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

Mobile: ..... Email: .....

BILLING ADDRESS: ..... PHYSICAL ADDRESS: .....

.....

STATE: ..... POSTCODE: ..... STATE: ..... POSTCODE: .....

**COMMERCIAL BUYERS ONLY**

ABN: .....

Requested Credit Limit: ..... Date Established: .....

Contact 1: ..... Contact 2: .....

Position: ..... Position: .....

Phone: ..... Phone: .....

**DETAILS OF OWNER (If Sole Trader) PARTNERS (If Partnership) OR DIRECTORS (If Proprietary Company)**

Full Name: ..... Full Name: .....

Home Address: ..... Home Address: .....

.....

Home Phone: ..... Home Phone: .....

**TRADE REFERENCES**

Business Name 1: ..... Business Name 2: .....

Address or A/C No: ..... Address or A/C No: .....

Phone: ..... Phone: .....

Fax: ..... Fax: .....

I certify that the above information is true and correct and that I am authorised to make this application for credit. I authorise the use of my personal information as detailed in the Privacy Act clause overleaf. I have read and understand the TERMS AND CONDITIONS OF TRADE (overleaf) of Colorado Distributors Pty Ltd T/A Emergency Office Supplies which form part of, and are intended to be read in conjunction with this Credit Account Application and agree to be bound by these conditions. **Where the applicant is a company, partnership or trust no less than two Directors (except if a sole director), partners or trustees (except if a sole trustee) are required to sign this agreement.**

SIGNED: ..... SIGNED: .....

Name: ..... Name: .....

Position: ..... Position: .....

ID: ..... ID: .....

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_