

Credit Application Form

Type of Organisation

Company / Partnership / Trust / Incorporated Society / Other (please circle)

Name of Organisation:

Trading Name (if different):

Street Address:

Postcode:

Product Delivery Address (if different):

Postcode:

Postal/Mailing Address (if different):

Postcode:

Bus Phone:

Bus Facsimile:

Bus Mobile Phone:

Bus E-mail address:

Company / Incorporation Information

If a Company, Incorporation Number:

Date of Incorporation:

Address of Registered Office:

Any previous name(s):

Paid up Capital: \$

Are Business Premises Leased or Owned (please circle)

Name of Contact Person for Organisation:

Hardware Purchasing:

Name:

Mobile:

E-mail Address:

Accounts:

Name:

E-mail Address:

Would you like our Newsletter/Specials each month?

Yes / No (please circle)

Would you like invoices and statements e-mailed?

Yes / No (please circle)

Details of Directors/Ownership/Partners

Full Legal Name(s)

Address

- 1.
- 2.
- 3.

Sole Trader Information

Full Legal Name of Individual:

Date of Birth:

Also known as (trading name):

Bus Delivery/Street Address:

Postcode:

Bus Postal/Mailing Address (if different):

Postcode:

Private Address of Individual:

Postcode:

Phone: (Bus) (Hm)

Facsimile: (Bus) (Hm)

Mobile Phone (Bus)

E-mail Address:

Trade References - (3 required) - NB: Not credit card companies, finance institutions, professional advisers or utility suppliers

	<i>Company Name</i>	<i>Contact Person</i>	<i>Contact Number</i>
1.			
2.			
3.			

Accounts

Trading Bank:

Branch:

Bank Manager Name:

Auditor/Accountants:

Solicitors:

Terms and Conditions Attached

