



30 DAY CREDIT ACCOUNT APPLICATION FORM

ABN 99 631 416 254

51-53 Auckland St, Bega NSW 2550

Phone: (02) 6492 1544 Email: info@coasthirebega.com.au

Company Name:.....

Trading As:.....

ABN No:.....

Director(s) Name:.....

Address:.....

Phone No:.....Email:.....

Business Address:.....

Postal Address:.....

Type of Business:.....

Estimated Credit Requirement:.....

Contact Person:.....

Phone No:.....Email:.....

TRADE REFERENCES:		
COMPANY NAME:	PHONE NUMBER:	EMAIL:
1.		
2.		
3.		

Bank:..... Branch:.....Account:.....

I/We certify to the best of my/our knowledge and belief that the above information which has been supplied for the purpose of obtaining credit, is true and correct and agree to pay for all the purchases on 30 day net trading terms.

SIGNATURE(S):.....

Date:.....TITLE:.....