



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

BUSINESS CONTACT INFORMATION

Company name:

Phone:

Fax:

E-mail:

Registered company address:

City:

State:

Post Code:

ABN:

Sole proprietorship:

Partnership:

Corporation:

Other:

BUSINESS AND CREDIT INFORMATION

Postal address:

City:

State:

Post Code:

Director's Name(s)

Contact No.

Bank name:

Account Name

BSB:

Account number

City:

State:

Post Code:

BUSINESS/TRADE REFERENCES

Company name:

Address:

City:

State:

Post Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

Post Code:

Phone:

Fax:

E-mail:

Type of account:

Company name:

Address:

City:

State:

Post Code:

Phone:

Fax:

E-mail:

Type of account:

AGREEMENT

1. All invoices are to be paid 14 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize Phoenix Surgical Supplies. to make inquiries into the banking and business/trade references that you have supplied.

SIGNATURES

Title:
Date:

Title:
Date: