CREDIT ACCOUNT APPLICATION

**To Be Completed By Applicants** - Please complete all sections and read the Terms and Conditions of Cartage overleaf or attached.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client’s Details:** 🞏 Individual 🞏 Sole Trader 🞏 Trust 🞏 Partnership 🞏 Company 🞏 Other: | | | | | | | | | |
| Full or Legal Name: | | | | | | | | | |
| Trading Name (if different from above): | | | | | | | | | |
| Physical Address: | | | | | | State: | | | Postcode: |
| Billing Address: | | | | | | State: | | | Postcode: |
| Email Address: | | | | | | | | | |
| Phone No: | | | Fax No: | | | | | Mobile No: | |
|  | | | | | | | | | |
| **Personal Details:** *(please complete if you are an Individual)* | | | | | | | | | |
| D.O.B. | | | | | Driver’s Licence No: | | | | |
|  | | | | | | | | | |
| **Business Details:** *(please complete if you are a Sole Trader, Trust, Partnership, Company or Other – as specified)* | | | | | | | | | |
| ABN: | ACN: | | | | | Date Established *(current owners)*: | | | |
| Nature of Business: | | | | | | | | | |
| Paid Up Capital: $ | | | Estimated Monthly Purchases: $ | | | | | Credit Limit Required: $ | |
| Principal Place of Business is: 🞏 Rented 🞏 Owned 🞏 Mortgaged (*to whom*): | | | | | | | | | |
| Directors / Owners / Trustee *(if more than two, please attach a separate sheet)* | | | | | | | | | |
| (1) Full Name: | | | | | | | | | |
| Director Identification No: | | | | | | D.O.B. | | | |
| Private Address: | | | | | | State: | | | Postcode: |
| Driver’s Licence No: | | | | Phone No: | | Mobile No: | | | |
| (2) Full Name: | | | | | | | | | |
| Director Identification No: | | | | | | D.O.B. | | | |
| Private Address: | | | | | | State: | | | Postcode: |
| Driver’s Licence No: | | | | Phone No: | | Mobile No: | | | |
|  | | | | | | | | | |
| **Account Terms:** 🞏 14 Days from invoice 🞏 Other: | | | | | | | | | |
| Purchase Order Required? 🞏 YES 🞏 NO | | | | | Accounts to be emailed? 🞏 YES 🞏 NO | | | | |
| Accounts Email Address: | | | | | | | | | |
| Accounts Contact: | | | | | | Phone No: | | | |
| Bank and Branch: | | | | | | Account No: | | | |
|  | | | | | | | | | |
| **Trade References:** *(please provide companies that are willing to do trade references)* | | | | | | | | | |
| Name: | | Address: | | | | | Phone / Fax / Email: | | |
| 1. | |  | | | | |  | | |
| 2. | |  | | | | |  | | |
| 3. | |  | | | | |  | | |

I certify that the above information is true and correct and that I am authorised to make this application for credit. I have read and understand the TERMS AND CONDITIONS OF CARTAGE (overleaf or attached) of Acacia Transport Pty Ltd 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. I authorise the use of my personal information as detailed in the Privacy Act clause therein.

**SIGNED (CLIENT):** **SIGNED (ACACIA):**

Name: Name:

Position: Position:

Date: Date: