



**COMPANY/ORGANISATION CREDIT APPLICATION**

IMPORTANT – ALL SECTIONS MUST BE COMPLETED. To enable our staff to provide a prompt decision please complete all sections clearly and write "N/A" if any information sought does not apply.

REGISTERED COMPANY/ORGANISATION NAME

COMPANY /ORGANISATION TYPE    Company        Partnership        Trust        Other (specify)   

COPY, AS APPLICABLE, OF CONSITUTION/TRUST DEED ETC PROVIDED    YES        NO   

TRADING NAME    GST No.

COMPANY/ORGANISATION INCORPORATION DATE    COMPANY/ORGANISATION NO.    DATE BEGAN TRADING

NATURE OF BUSINESS

ADDRESS (Street)

ADDRESS (Postal)

PHONE NUMBER    FACSIMILE    MOBILE

EMAIL    LTSA NO.

PERSON ACTING    PHONE    TITLE

ADDRESS (if different)    EMAIL

**PRINCIPAL DIRECTORS/SHAREHOLDERS**

PRINCIPAL DIRECTOR/SHAREHOLDER	DIRECTOR/SHAREHOLDER	NUMBER OF SHARES

**FINANCIAL ACCOUNTS/ACCOUNTANT**

We appreciate that the following is confidential, and so will be treated accordingly. Please attach a copy of your latest financial accounts. Have there been any material changes in the financial standing of the company since these accounts were prepared?    Yes        No   

ACCOUNTANT'S COMPANY NAME

CONTACT PERSON    PHONE

ADDRESS    FAX

**TRADE REFERENCE**

COMPANY	CONTACT PERSON	PHONE NUMBER

**BANK DETAILS**

BANK    ADDRESS    Bank    Branch    Account Number    Suffix

ACCOUNT NAME

**INSURANCE DETAILS**

INSURANCE/BROKER    POLICY NO.

ADDRESS    PHONE    FAX

**ACKNOWLEDGEMENTS**

The credit applied for is of the type requested by the applicant company and for the purposes of the Consumer Guarantees Act 1993 the application for the supply of credit is for the purpose of a business. Accordingly, under the agreement that may result from this application, the Act is excluded. The information provided in this application is true, correct and complete, and no information that would be relevant to you in evaluating the application has been omitted. If any changes occur between now and signing a credit agreement with you, (including any changes of name), disclosure of such changes will be made to you immediately.

DIRECTOR'S SIGNATURE    DATE    DIRECTOR'S SIGNATURE    DATE

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