58 ISLANDER ROAD
HERVEY BAY
QLD 4655

ABN: 37 008 670 102
P.O BOX 735
PIALBA QLD 4655

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FAX: (07) 4124 0722
sales@frasercoastbolts.com.au
accounts@frasercoastbolts.com.au

APPLICATION FOR 30 DAY CREDIT ACCOUNT

**** Please Print ****

FULL TRADING NAME:		
REGISTERED NAME:		
TRADING ADDRESS:		
POSTAL ADDRESS (P.O BOX):		
RESIDENTIAL ADDRESS (**NO P.O BOX**):		
A.B.N No:		
PHONE No:	FAX:	MOBILE:
EMAIL ADDRESS:		
TYPE OF BUSINESS:		
DATE ESTABLISHED:		
NAME OF BANK:	BRANCH:	
CREDIT REQUIREMENT PER MONTH (ANTICIPATED): $		
DO YOU REQUIRE OFFICIAL PURCHASE ORDER FOR SUPPLY:		
CONTACT FOR PURCHASING:		
CONTACT FOR ACCOUNTS:		
BUSINESS / TRADE REFERENCES		
1 NAME:	PHONE:	
2 NAME:	PHONE:	
3 NAME:	PHONE:	
BUSINESS TYPE (PLEASE CIRCLE)		
SOLE TRADER	PARTNERSHIP	COMPANY
FULL NAME:	HOME ADDRESS:	
FULL NAME:	HOME ADDRESS:	
FULL NAME:	HOME ADDRESS:	
FULL NAME:	HOME ADDRESS:	

I / We authorise Fraser Coast Bolts and Industrial supplies to make any credit enquiries it considers necessary at any time to assess and maintain my / our application and continuation of credit, and to provide any reference bureau with details of this application. I / We the above named have received and read a copy of your trading terms and conditions and agree to abide by these terms and conditions and personally guarantee payment of monies due to Fraser Coast Bolts & Industrial Supplies if called upon to do so.

Print Name:	Signed:	Date:
Print Name:	Signed:	Date:
Print Name:	Signed:	Date:
Print Name:	Signed:	Date:

Office Use

References Checked:

Account: Accepted Rejected

Approved By: Dated

Entered on Computer by: Dated: