



CREDIT APPLICATION FOR A BUSINESS ACCOUNT

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BUSINESS CONTACT INFORMATION

Contact Name	Full Company Name		
ABN	ACN		
Nature of business			
Telephone	Fax		
Registered Company Address			
City	State	Postcode	
Date Business Commenced	Credit Limit Request Amount		
<input type="checkbox"/> Pty Ltd	<input type="checkbox"/> Limited Company	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Other

BUSINESS & CREDIT INFORMATION

Principal / Partner / Officer		
Home Address		
City	State	Postcode
Time at Current Address		
Telephone	Fax	Email

BANK ACCOUNT DETAILS

Bank Name & Address	Telephone	
City	State	Postcode
Account name		
BSB	Account No.	

ACCOUNT DETAILS

Contact Name		
Home Address		
City	State	Postcode
Telephone	Fax	Email

BUSINESS / TRADE REFERENCE

Company Name		
Address		
City	State	Postcode
Telephone	Fax	Email
Type of Account		



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BUSINESS / TRADE REFERENCE

Company Name _____

Address _____

City _____ | State _____ | Postcode _____

Telephone _____ | Fax _____ | Email _____

Type of Account _____

BUSINESS / TRADE REFERENCE

Company Name _____

Address _____

City _____ | State _____ | Postcode _____

Telephone _____ | Fax _____ | Email _____

Type of Account _____

AGREEMENT

1. All invoices are to be paid as per SLD Terms & Conditions
2. Orders will not be processed until an official Purchase Order of authorisation is received
3. Freight will be charged on invoices unless specific instructions are supplied with order
4. Cancelled orders will incur a 30% restocking fee or as mentioned on quote
5. Title of goods remains with SLD until invoice is paid in full

*By submitting this application, you are declaring that the information contained in here is complete and accurate.
You are also authorizing SLD to make inquiries into the banking and business/trade references that you have supplied.*

SIGNATURES

Name _____

Title _____ | Date _____

Signature _____

Name _____

Title _____ | Date _____

Signature _____

OFFICE USE

Credit limit amount approved _____ | _____

Notes _____
