

Trade Account Credit Application Form

Registe	red Business	Name:								
Full Trading Name:										
ABN:			ACN:				Presei	nt Ownership:	Years	
Requested credit limit: \$					Nature	of Bus	iness:			
Physical Address:										
Postal A	Address:									
Accounts Contact Name:										
Contact Number:					Email:					
Purchas	sing Contact	Name:								
Contact Number:					Email:					
Owner or Director's			s Inform	Information			wner or	Director's Infor	mation	
Name:					Nam	e:				
Private Address:				P			Private Address:			
Phone:					Phon	e:				
Driver's Licence #:				Driver'			ence #:			
	Trade	Referen	ces (Pleas	se provide the co	ontact nam	e and e	mail for t	hree major supplie	rs.)	
Company Name:										
Contact Name:				mail:						
Company Name:										
Contact Name:				E	mail:					
Company Name:										
Contact Name:				E	mail:					
Please advise if you have multiple sites so we can send you a site list form.										

Brenniston's trading terms are 30 days from date of invoice.

Payment is strictly 30 days. Your account will be placed on stop supply if payment is not received on time.

Payments accepted: Credit Cards (Amex + 2%), Cheque and Electronic Funds Transfer.

Our bank details are: ANZ BSB: 013412 Account: 347 668 931

Remittance and accounts email: accrec@brenniston.com.au

I/We warrant I am/we are authorised to sign this Credit Application on behalf of the Owner/Director.

Date:	Date:	
Position:	Position:	
Printed Name:	Printed Name:	
Signature:	Signature:	

The Cato Group Pty Ltd t/a Brenniston Workplace First Aid