



Trade Account Credit Application Form

Business Name: _____

Trading Name (if different): _____

ABN / ACN: _____

Registered Business Address: _____

Postal Address: _____

Telephone: _____ Email: _____

Type of Business: ☐ Sole Trader ☐ Partnership ☐ Company ☐ Trust

Date Established: _____

Average Shipment Per Week: ☐ 1-5 ☐ 6-15 ☐ 16-25 ☐ 26 or More

1. Contact Details

Accounts Contact Name: _____

Telephone: _____ Email: _____

Purchasing Contact Name: _____

Telephone: _____ Email: _____

2. Credit Details

Monthly Credit Limit Requested: \$ _____

Preferred Payment Terms: ☐ 7 days ☐ 14 days ☐ 30 days

Credit Card Details: ____/____/____/____ EXP: ____/____ CVV: ____

Bank Name: _____

Branch: _____

Account Name: _____

3. Trade References

(Please provide three current suppliers)

Supplier Name	Contact Person	Phone	Email
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____

4. Terms & Conditions

1. All accounts must be paid within agreed terms.
2. The applicant agrees that the supplier may obtain and exchange credit information with credit reporting agencies and other suppliers.
3. Interest may be charged on overdue accounts.
4. Title to goods remains with the supplier until full payment is received.

5. Privacy Consent

I/we acknowledge that personal and business information may be collected for the purpose of assessing this application.

Signature (Applicant 1): _____ **Date:** _____

Full Name: _____

Signature (Applicant 2): _____ **Date:** _____

Full Name: _____

6. Director's Personal Guarantee

In consideration of the supplier granting credit to the applicant, the undersigned director(s) jointly and severally guarantee payment of all monies owing by the applicant to the supplier. The guarantor(s) agree to be personally liable for all debts incurred by the applicant, including any interest and collection costs. This guarantee is continuing and remains in force until expressly released in writing by the supplier.

Director/Guarantor 1:

Full Name: _____

Address: _____

Date of Birth: _____ Drivers Licence No: _____ State: _____

Signature: _____ Date: _____

Director/Guarantor 2 (if applicable):

Full Name: _____

Address: _____

Date of Birth: _____ Drivers Licence No: _____ State: _____

Signature: _____ Date: _____

7. Office Use Only

Approved By: _____ **Date:** _____

Credit Limit: \$ _____ **Payment Terms:** _____

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