
Application for a 30 day Commercial Credit Account

1. Trading Name: _____
2. Company Name: _____
Business Address: _____

Postcode: _____
Phone: (_____) _____
Billing Email: _____
ABN: _____
ACN: _____
3. Names and addresses of Proprietors / Principles / Directors
A: _____
Phone: (_____) _____
B: _____
Phone: (_____) _____
4. Type of Business: _____
Date Business Commenced: _____ / _____ / _____
Estimated Monthly Credit Requirement: \$_____

5. Name of People Authorised to Book Vehicles

- a: Name: _____
 Email: _____
 Phone: (_____)
- b: Name: _____
 Email: _____
 Phone: (_____)
- c: Name: _____
 Email: _____
 Phone: (_____)

6. Accounts Payable Contact

Name: _____
Email: _____
Phone: (_____)

Mailing Address (if different to business address):

Postcode: _____

7. Trade References - **Please include phone and/or email addresses**

Company name: _____

Phone: _____ Email: _____

Company name: _____

Phone: _____ Email: _____

Company name: _____

Phone: _____ Email: _____

8. Payment Terms: **Strictly 30 Days**

I/We hereby state that the above information is true and correct. I/We understand that your trading terms are strictly 30 days net and that overdue fees may be charged (i.e. services performed one month are payable on or before the 30th of the following month) and hereby agree to adhere to your trading terms and conditions of sale.

I/We hereby authorise you to obtain our credit details.

A minimum annual purchase of \$10,000 is required to maintain a 30 day account facility.

**(Occasional use may be settled by Credit Card.
Credit card surcharges apply,
2% for Mastercard or Visa, 3% for AMEX or 5% Diners)**

EFT payments may be made to:

ANZ Bank BSB: 013 423
Account Number: 2139 89457
Account Name: Southern Cross CabCredit Pty Ltd

Name: _____

Title/Position: _____

Date: _____

Signature: _____

**** Office Use Only: Client Number:** _____