

CREDIT ACCOUNT APPLICATION

Registered Name of Company/Business:

ACN: ABN:

Trading Name of Business:

Trading Address:

Postal Address:

Telephone: Fax: Email:

Registered Office or Business:

Please state whether you are a Sole Trader/Partnership/Proprietary Limited Company, etc.

Type of Business/Industry:

Bank: Branch:

Accounts Payable Contact: Telephone:

Anticipated Monthly Trading: \$..... Date Business Established:

Names of Directors:

Trade References (Major Creditors):

Name:	Address:	Telephone:
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- 1. PAYMENT OF THE ACCOUNT IS TO BE MADE NO LATER THAN 14 DAYS FROM THE DATE OF THE INVOICE**
- 2. Credit facilities may be withdrawn on overdue accounts at BHF Transport Pty Ltd discretion, without notice.**
- 3. BHF Transport Pty Ltd will charge an administrative fee for maintaining credit accounts.**
- 4. This Agreement is deemed to be made in New South Wales and any legal action taken for enforcement of recovery may be taken under the jurisdiction of the Courts in the State of New South Wales.**

Your signature below signifies that you accept our Conditions of Contract as printed on this form.

AUTHORIZED PERSON:

Name: (please print) Title:

Signature: Date:

OFFICE USE ONLY

Checked by:	Signature:	Position:	Credit Limit:
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Comments: