SUB60

EXPRESS COURIER SERVICE

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APPLICATION FOR CREDIT

*COMPANY/ BUSINESS NAME:*_____

*ABN:*_____ *ACN:*_____

*COMPANY/ BUSINESS ADDRESS:*_____

_____

*PHONE:*_____ *MOBILE:*_____

*EMAIL:*_____ *FAX:*_____

*POST:*_____

INVOICES SENT BY *(please circle):* *EMAIL / FAX / POST*

*PROPRIETOR'S/ DIRECTOR'S NAMES:*_____

*(In Full)*_____

PROPRIETOR'S/ DIRECTOR'S ADDRESSES/ PHONE NUMBERS:

_____

_____

*TYPE OF BUSINESS/ COMPANY:*_____

YEARS ESTABLISHED: _____ *DESPATCH CONTACT:*_____

CREDIT REFERENCES : *1*_____ *FAX*_____

*2*_____ *FAX*_____

*3*_____ *FAX*_____

PLEASE BE ADVISED THAT ALL ACCOUNTS ARE TO BE PAID WITHIN THE **AGREED PERIOD OF 14 DAYS** FROM DATE OF INVOICE AND THAT YOU AGREE TO ADHERE STRICTLY TO THESE TERMS. **ANY PAYMENTS OUTSIDE THIS AGREED PERIOD WILL INCUR A CREDIT BAR.**

I/ WE HEREBY CERTIFY THE ABOVE INFORMATION TO BE TRUE AND CORRECT AND UNDERTAKE TO COMPLY WITH THE TRADING TERMS AS STATED ABOVE.

*DATED: THIS DAY*_____ *THIS MONTH* _____ *200*___

SIGNATURES: *DIRECTORS:* *PROPRIETORS:*

_____ _____