



CREDIT ACCOUNT APPLICATION

To be completed By Applicants - Please complete all sections

DATE: _____

CUSTOMER'S TRADING NAME: _____

CUSTOMER'S FULL or LEGAL NAME: _____

Phone: _____

Fax: _____

Mobile: _____

Email: _____

Billing Address: _____

Physical Address: _____

State: _____ Postcode: _____

State: _____ Postcode: _____

COMMERCIAL CUSTOMERS ONLY:

Requested Credit Limit: _____

ABN/ACN Number: _____

Contact 1: _____

Date Established: _____

Position: _____

Contact 2: _____

Phone: _____

Position: _____

Phone: _____

BANK DETAILS:

BSB: _____

Bank Name: _____

Account Number: _____

ACCOUNT DETAILS:

Contact Name: _____

Contact Number: _____

Preference Sending Invoices: Post Email

Contact Email: _____

DETAILS OF OWNER (if sole trader) PARTNERS (if Partnership) OR DIRECTORS (if Company)

Full Name: _____

Full Name: _____

Home Address: _____

Home Address: _____

Mobile: _____

Mobile: _____

Email: _____

Email: _____

TRADE REFERENCES

Business Name 1: _____

Business Name 2: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

I Certify that the above information is true and correct and that I am authorised to make this application for credit.

SIGNED:

Name: _____

Position: _____

Date: _____

Please return completed form to debtors@ckb.wa.gov.au

OFFICE USE ONLY

Debtor Code: _____

Created By: _____

Details Checked: _____

Checked By: _____

ABN Checked: _____

Trade References Checked: _____