# Business Credit Application

# Name/Address

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| Last: First: Middle Initial: | Title |
| Name of Business: | A.B.N. |
| Address: | |
| Suburb: State: Post Code: Phone: | |

## Company Information

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| Type of Business: In Business Since: |
| Legal Form Under Which Business Operates:  Corporation  Partnership  Proprietorship  |
| If Division/Subsidiary, Name of Parent Company: In Business Since: |
| Name of Company Principal Responsible for Business Transactions: Title: |
| Address: Suburb: State: Post Code: Phone: |
| Name of Company Principal Responsible for Business Transactions: Title: |
| Address: Suburb: State: Post Code: Phone: |

## Bank References

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| Institution Name: |
| Address: Suburb: State: Post Code: Phone: |

## Trade References

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| --- | --- | --- |
| Company Name: | Company Name: | Company Name: |
| Contact Name: | Contact Name: | Contact Name: |
| Address: | Address: | Address: |
| Phone: | Phone: | Phone: |
| Account Opened Since: | Account Opened Since: | Account Opened Since: |
| Credit Limit: | Credit Limit: | Credit Limit: |
| Current Balance: | Current Balance: | Current Balance: |

I hereby certify that the information contained herein is complete and accurate. This information has been furnished with the understanding that it is to be used to determine the amount and conditions of the credit to be extended. Furthermore, I hereby authorize the financial institutions listed in this credit application to release necessary information to the company for which credit is being applied for in order to verify the information contained herein.

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## *Signature Date*

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| ***BANK INFORMATION***:  Account Name: Test Machines Australia Pty Ltd ABN: 49331557005  BSB: 633-000  Account Number: 158489054  Postal address: 212 McCormicks Road Skye Vic 3977 |