

FMC WEST PTY LTD
APPLICATION FOR CREDIT ACCOUNT

Full Registered Name: _____

Trading Name: _____

Postal Address: _____

State _____ Post Code _____

Business Address: _____

State _____ Post Code _____

E-mail Address: _____

Telephone Number: (____) _____ Fax No : (____) _____

ABN Number: _____

Accounts Payable Contact Details:-

Name: _____

Phone No. (____) _____ Fax No. (____) _____

E-mail Address: _____

Please indicate if: Limited Co / Pty Ltd / Partnership / Sole Trader

Please List Company Directors / Business Partners:-

1. Full Name: _____ Contact Number: _____

2. Full Name: _____ Contact Number: _____

3. Full Name: _____ Contact Number: _____

4. Full Name: _____ Contact Number: _____

BANK DETAILS:

Name of Bank: _____ Branch: _____

Address: _____

State _____ Post Code _____

ESTIMATED MONTHLY CREDIT REQUIREMENT: \$ _____

WILL AN ORDER NUMBER BE PROVIDED FOR EACH JOB YES NO

TRADE CREDIT REFERENCE

Please note 3 trade references **must be** supplied to enable evaluation of your application.

1. Company Name _____
 Contact Person _____
 Telephone Number (____) _____
 Facsimile Number (____) _____
 Email Address _____

2. Company Name _____
 Contact Person _____
 Telephone Number (____) _____
 Facsimile Number (____) _____
 Email Address _____

3. Company Name _____
 Contact Person _____
 Telephone Number (____) _____
 Facsimile Number (____) _____
 Email Address _____

TERMS AND CONDITIONS

The aforementioned information is provided with the sole purpose of obtaining a credit account with FMC WEST Pty Ltd.

I/We fully understand that should a credit account be issued the settlement terms are strictly the standard 30 days from invoice date.

I/We hereby certify that the above information is true and correct at time of this application.

I/We agree to pay the costs incurred by FMC West Pty Ltd in relation to collection of any such debts.

FMC WEST Pty Ltd will hold all information in strictest privacy and will not (unless written permission by one of the above mentioned company directors) divulge any information to any source what-so-ever.

Receive and exchange credit information to, from and with credit reporting agencies, credit providers (whether listed in this application as credit referees or not), bankers, and such persons or entities as thought fit for the purpose of assessing this application or to assist in collecting any payment which may become over due.

NAME: _____

SIGNATURE: _____ DATE: _____

FMC WEST OFFICE USE

SIGNED ON BEHALF OF FMC PTY LTD:

DATE: _____

FMC WEST OFFICE USE ONLY			
CREDIT TERMS ARE FROM DATE OF INVOICE ONLY			
7 days	14 days	21 days	30 days
SIGNATURE: DATE:			