

CREDIT APPLICATION**BUSINESS INFORMATION**

Name:			
Entity Type:	<input type="checkbox"/> Company	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Trust
	<input type="checkbox"/> Partnership	<input type="checkbox"/> Government	<input type="checkbox"/> Other
Trading as (registered Business Name):			
ABN:			
Date of company registration:		ACN:	
Nature of Business:			

BUSINESS CONTACT INFORMATION

Street address (not a PO Box):			
Postal address (if different):			
Credit Limit Requested:		Estimated monthly spend:	
SALES CONTACT			
Name:			
Position:			
Mobile Number:		Telephone Number:	
E-mail:			
ACCOUNTS CONTACT			
Name:			
Position:			
Mobile Number:		Telephone Number:	
E-mail:			

TRADE REFERENCES

Company name:			
Phone:		Average Monthly Spend:	
E-mail:			
Address:			
Company name:			
Phone:		Average Monthly Spend:	
E-mail:			
Address:			
Company name:			
Phone:		Average Monthly Spend:	
E-mail:			
Address:			

PARTNER, SOLE TRADER, DIRECTOR OR TRUSTEE DETAILS

Name:	Residential Address:	Date of Birth:

AGREEMENT

1. All invoices are to be paid 30 days from the date of the invoice.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorise Tribata Group to make inquiries into the banking and trade references that you have supplied.
4. The full Trading Terms & Conditions are included on the Tribata Group website. www.tribata.com.au

SIGNATURES

Signature		Witness Signature	
Name and Title		Witness Name	
Date		Date	
Signature		Witness Signature	
Name and Title		Witness Name	
Date		Date	

Credit Application can be e-mailed to accounts@tribata.com.au or mailed to 2-10 Carson Ave, Keysborough, Melbourne, VIC

OFFICE ONLY

Date Received	
Reviewed / Credit Check Completed	
Date	
Completed by	
Entered into System	
Added to Reporting Group	<input type="checkbox"/> N/A <input type="checkbox"/> Region _____ <input type="checkbox"/> Other _____
Welcome Email Sent	