

WNA Credit Application Form

Date: _____

Account Name: _____

Address: _____

Business Telephone No: _____ Business Fax No: _____

Company ABN: _____ Sales Tax No: _____

Proprietor's Name(S): _____

Managers Name: _____ Purchasing Officer's Name: _____

Accounts Payable Name: _____

Nature of Business: _____

Amount of Credit Sought: _____ Name Of Bank/Branch: _____

Business References (Only Long Standing References Will Be Acceptable)

1.Telephone No:

2.Telephone No:

3.Telephone No:

Are Premises: Leased Owned If Owned, owner's name/s _____

If Leased Name Of Landlord & Address: _____

If premises mortgaged, Name Of Bank: _____

PERSONAL LIABILITY CLAUSES:

The person signing this Agreement on behalf of customs, director(s) and/or proprietor(s) shall be primarily liable for payment of all amounts payable by the customer under this Agreement. It is understood that at first instance all invoices and accounts under this agreement shall be directed to the customer but if that customer has failed to pay those accounts, or any part of them within the terms of trading set out (30 days from date of invoice), then the person signing the Agreement shall upon demand promptly pay such outstanding accounts personally.

I/We acknowledge receipt of and accept the Terms and Conditions of Sale. I,

.....
certify that I am authorised to sign this agreement on behalf of.....,
and that the information given is true and correct.

Signature: _____ POSITION: _____ DATE: _____

OFFICE USE

New Account Name: _____