



CREDIT APPLICATION FORM

Trading Name: _____
 Company Name (If Different): _____
 Address (Reg. Office): _____

Ltd Company	
Sole Trader	
Partnership	

Phone: _____ Fax: _____
 Directors: _____

Reg. No: _____
 Partners
 1) Name: _____
 Address: _____
 2) Name: _____
 Address: _____

IF THERE ARE MORE THAN 2 PARTNERS, PLEASE GIVE DETAILS ON A SEPARATE SHEET

Main Trading Activity: _____
 No. of Years Established: _____ Amount of Credit Required per month: _____
 Accounts Contact Name: _____

TRADE REFERENCES

Please give the Name, Address, Phone and Fax number of the three recognised Limited Companies (not sole traders) with whom you have at least 6 months trading history (on a credit account)

1. Name: _____ Address: _____ Phone: _____ Fax: _____	2. Name: _____ Address: _____ Phone: _____ Fax: _____
3. Name: _____ Address: _____ Phone: _____ Fax: _____	Bank: _____ Address: _____

I have read and agree to be bound by the Conditions of Sale which accompanies this Credit Application Form in respect of all goods purchased from Profast Ltd.

Signed: _____ Position: _____
 Date: _____ (must be signed by a Director or Proprietor)

OFFICE USE ONLY

CREDIT APPROVED **DECLINED** **LIMIT** \$

Customer Code: _____ Type: _____ Alpha Match _____ Area: _____ Rep: _____
 Signed: _____ Date: _____

IMPORTANT:

Please note we are unable to open a credit account until this form has been signed and returned to ourselves.