



2 Prohasky Street  
Port Melbourne VIC 3207  
9646 9550

## CREDIT APPLICATION FOR A BUSINESS ACCOUNT

### BUSINESS CONTACT INFORMATION

Contact Name:			
Company Name:		ABN:	ACN:
Phone:	Fax:		
Registered Company Address:			
City:		State:	Postcode:
Date Business Commenced:		Credit Line Requested:	
PLC:	Limited Company:	Sole Proprietor:	Other:

### BUSINESS AND CREDIT INFORMATION

Principal			
Best Accounts Person to Contact			
Accounts Address			
City:		State:	Postcode:
How long at current address?			
Phone:	Fax:	E-mail:	
Bank Name:			
Bank Address:		Phone:	
City:		State:	Postcode:
BSB	Account Number		

**BUSINESS/TRADE REFERENCES**

Company Name:

Address:

City:

State:

Postcode:

Phone:

Fax:

E-mail:

Type of Account:

Company Name:

Address:

City:

State:

Postcode:

Phone:

Fax:

E-mail:

Type of Account

Company Name:

Address:

City:

State:

Postcode:

Phone:

Fax:

E-mail:

Type of Account

**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 7 working days.
3. All overdue invoices bear interest at 10% per annum (or maximum allowed by law) on unpaid balance. There is also a \$100.00 returned payment fee for any declined cheques/automatic withdrawals.
4. In the event of default of payment when due, all costs of collection, including legal fees and court costs, shall be paid by the applicant.
5. Any credit extended to the applicant may be reduced or eliminated in the event «Company», in its reasonable discretion, determines that the applicant's financial situation or ability to pay is impaired.
6. By submitting this application, you authorise Core Print Group Pty Ltd to make inquiries to the banking and business/trade references that you have supplied.

**SIGNATURES**

Title:

Date:

Title:

Date: