Unit 4-5/30 Heathcote Road Moorebank NSW 2170

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## **CREDIT APPLICATION FORM**

*Trading Name:	
*Trading Address:	
*Phone:	Fax:
*ABN:	Mobile:
*E-mail:	
SOLE TRADER   PARTN	IERSHIP □ REGISTERED COMPANY □
*Registered Business Name:	
*Registered Trading Name:	
*Registered Business Address:	
	&DEIRECTORS INFORMATION
*Name:	Name:
	Private Address:
*Phone:	Phone:
*Drivers Licence No	Drivers Licence No:
	TRADE REFERENCES
Company Name:	Phone:
Company Name:	Phone:
I consent to the supplier obtaining	information from the above mentioned referees in support of
this application. All information sup	oplied is correct to the best of my/our knowledge.
*Signature:	Date:
	Position:
F	PERSONAL GUARANTEE
I/We understand the trading terms a	s explained by the Vendor. I/We guarantee payment of any and
all accounts for goods purchased b	y the above company together with any legal or out of pocket
expenses associated with the collec	tion of any outstanding monies. I/We understand this guarantee
binds me/us personally.	
*Date:	Date:
*Signature:	
*Company Director:	Company Director:
*Print Name:	Print Name:
*Witness:	** T* .

Please provide a copy of owner's driving licence with this credit application form.