



# Credit Account Application Form

**PLEASE FAX THE COMPLETED FORM TO US FOR APPROVAL**

**Company details:**

Company Name		Main Phone/ Switchboard	
Co. Registration No		Fax No	
Main Sales Contact		Contact Phone No & Email address	
Main Accounts Contact		Contact Phone No & Email address	
Accounting / Invoice Address		Delivery Address	
Anticipated Monthly Credit Required	\$	Turnover last FY	\$

**Trade References:**

**Full name, address and contact details of three trade references:**

Company Name 1		Company Name 2	
Address		Address	
Contact name		Contact name	
Telephone No.		Telephone No.	

**DECLARATION:** I hereby submit the above information for the sole purpose of opening a Credit Account with Associated Cab LTD.

**PLEASE DON'T FORGET TO SIGN THE APPLICATION BEFORE RETURNING IT TO ASSOCIATED CAB LTD**

Print Name		<b>For Associated Cab LTD USE ONLY Account Number</b>	Account Manager
Signed		<b>Credit Limit</b>	
Date			