

AUSTRALIA PACIFIC LOUVRE COMPANY PTY. LTD.

PO Box 30 – Northgate – Qld 4013

Telephone: 1300 4 LOUVRES)- Facsimile: (07) 3267 3599 - Email: sales@aplouvre.com
1300 4 5 6 8 8 7 3 7)

A.B.N. 47 155 085 886

APPLICATION FOR CREDIT

(Please print or type and return to the above address)

Registered Company Name

.....A.B.N.....

Trading Name.....

Address.....

P.O. Box.....

Company Operating Since.....Bank.....Branch.....

Manager

Company	Partnership	Sole Trader	Please tick whichever
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Company Details: Directors

1. Name.....

Address

.....

2. Name.....

Address.....

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Partnership: Details

1. Name.....

Address.....

.....

2. Name.....

Address.....

.....

Sole Trader: Details

1. Name.....

Address.....

.....

2. Name.....

Address.....

.....

Telephone..... Accounts Contract

Facsimile..... Purchasing Officer.....

Nature of Business.....Email Address.....

Trade References (2 Required – Minimum 12 Months Trade)

1.....Contact.....Fax.....

2.....Contact.....Fax.....

Please state Credit Limit Required: \$.....

I, the undersigned Sole Trader*/Partners*/Directors* of the abovenamed Company, give my guarantee for the payment of all invoices within 30 days of following month of invoice date and to notify Australia Pacific Louvre Company Pty. Ltd., of any changes to the above details regarding our company. (* PLEASE CROSS OUT WHICH EVER IS NOT APPLICABLE)

All goods remain the property of Australia Pacific Louvre Company Pty. Ltd. until paid for in FULL by Cash, Direct Debit or Cleared Cheque.

Signature *** Please Print Name *** Company Position Date
Signature *** Please Print Name *** Company Position Date
Witness Signature *** Please Print Name *** Company Position Date (If employed by Company)

Please complete WITNESS ADDRESS:

We/I certify that We/I have received and read Australia Pacific Louvre Company Pty. Ltd., "Terms and Conditions" of Trading.

Signed by: Sole Trader / Partners / Directors

..... PRINT NAME