



Credit Account Application Form

****TERMS: STRICTLY 14 DAY TRADING ACCOUNT****

Please forward for processing to:
sales@splitboxes.com.au

CUSTOMER'S DETAILS

SPLITBOXES.COM.AU

Trading Name / Applicant

Legal Entity (if different from trading name)

Industry

No. of Staff

ACN

ABN (an 11 digit ABN must be provided)

Proprietor's Name/s if a Sole Trader or Partnership

Date of Birth required for Credit check

Registered Office Address

Suburb

State

Postcode

Delivery Address (No PO Box)

Suburb

State

Postcode

Tel. No.

Email

Accounts Contact

First Name

Last Name

Job Title

Accounts Email Address

CUSTOMER'S TRADE REFERENCES

Commercial Supplier: Contact

Tel. No.

Commercial Supplier: Contact

Tel. No.

CUSTOMER'S TRADE REFERENCES

By signing this application, the Customer hereby accepts Splitboxes' Terms & Conditions. A copy of which is located at www.splitboxes.com.au → Terms & Conditions

Signed for and on behalf of the applicant:

Signature

Date

Name (Please use BLOCK CAPITALS)

Position

FOR OFFICE USE ONLY

Account Number: _____

Credit Admin Approval: _____

Credit Limit: \$ _____

Date: ____ / ____ / ____