**BTAP Logistics International Pty Ltd**

**ABN: 39 111 572 564**

**PO Box 6008 Sydney Business Hub, Alexandria NSW 2015**

**Ph: (02) 9316 4722 Fax: (02) 9316 6264**

**Application for Credit Account**

Nature of Organisation:

Company [ ]  Partnership [ ]  Sole Trader [ ]  Trust [ ]  Other [ ]

Registered Name:

Trading Name (if different from above):

Postal Address:

Telephone: ( ) Fax: ( ) Mobile: ( )

Office Address: Email:

Suburb: ABN Number:

Previous Address Details (if less than 2 years):

**Details of Directors/Partners/Sole Trader**

**1.** Full Name:

Home Address:

Home Phone:

**2.** Full Name:

Home Address:

Home Phone:

**3.** Full Name: **4.**Full Name:

Home Address: Home Address:

Home Phone: Home Phone:

Contact Person for Accounts: Credit Limit Requested: $

Bank Account Number: Credit Term Requested:

Bank and Branch Name:

Accounts Payable Contact:

Email Address and contact no:

Trade References:

1. Contact: Tel:
2. Contact: Tel:
3. Contact: Tel:

I certify that the above statement is true and correct and that I am authorized to make this application for credit. In accordance with the Privacy Act (1988) I authorize any person or company to give information as may be required in response to credit enquires. By signing this document you also agree to and understand the BTAP Logistics International Pty Ltd Trading Terms and Conditions and in which are intended to be read in conjunction with this credit application and agreed to be bound by these conditions. **\*\*\*Trading terms are 30 days from Statement date and Disbursement Invoices are 7 days from Invoice date\*\*\***

Signed: Date:

(Director / Partner / Proprietor / Authorised Signatory) circle one

Full Name: Position: