



Australian Scaffolds (Aust) Pty Ltd 71 Hobart Street, Riverstone NSW 2765

Phone: 02 9627 1700 Fax: 02 9627 1701

Web: www.australianscaffolds.com.au

Email: info@australianscaffolds.com.au

A.B.N 66 124 410 359 A.C.N 124 410 359

APPLICATION FOR CREDIT ACCOUNT

(Credit amount to be determined when application received).

Type of Business: Sole Trader: Partnership: Company:
Other: Credit limit required \$

Company Name: _____

Date commenced: _____

Trading Name: _____

Nature of Business: _____

Postal Address: _____

Business Address: _____

If Company, Registered Office Address: _____

A.C.N: _____ A.B.N: _____

Telephone (Business): _____ Telephone (Home): _____

Facsimile: _____ Mobile: _____

Accounts email: _____ Web: _____

Name and addresses of Sole Trader / Partners / Directors:

(Full names and residential addresses)

1 _____

2 _____

3 _____

Banking Details:

Bank: _____ Branch: _____
Name of Account: _____

Business Reference:

Company Name: _____
Address: _____
Telephone Number: _____ Fax Number: _____

Company Name: _____
Address: _____
Telephone Number: _____ Fax Number: _____

Company Name: _____
Address: _____
Telephone Number: _____ Fax Number: _____

Have you ever been declared bankrupt? YES / NO
Have you ever been a director of a company which has been wound up or liquidated? YES / NO

If yes, please give details: _____

DECLARATION

I / we (personal name) 1 _____ 2 _____

Declare that all information supplied to us is true and correct in every detail. I / We acknowledge that if credit is granted to you this will be done in reliance upon the information supplied by me / us.

I / we authorise Australian Scaffold (Aust) Pty Ltd to make enquiries with regards to assessing this credit application including access of personal / consumer credit files that may be held by any credit reporting agency or provider of credit.

I / we have read and understood the Australian Scaffold GENERAL TERMS OF DELIVERY AND PAYMENT. Located on website under www.australianscaffolds.com.au/documents/GENERALTERMSOFDELIVERYANDPAYMENT.pdf

Signed: _____ Dated: _____

Name (please print) _____

Signed: _____ Dated: _____

Name (please print) _____

Office use only

References checked	Date	By	Days Given	Amount	Approved	Letter sent
1						
2						
3						

Date account opened: _____