



# Application for 30 Days Credit Account

Redbank Road via Gordonvale  
 P.O. Box 5800, Cairns Qld 4870  
 E-mail - [accounts@australiancrocodile.com](mailto:accounts@australiancrocodile.com)  
 Ph - 07 4056 3095 Fax - 07 4056 1728

Sole Trader                      Partnership                      Company

Business Name: \_\_\_\_\_ Type Of Business \_\_\_\_\_

Trading Name: \_\_\_\_\_

ABN Number: \_\_\_\_\_ Date Business Owned:    /    /

Street Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Registered Office: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Expected Monthly Purchases: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Accounts Payable Contact: \_\_\_\_\_ Accounts Payable Ph. Number: \_\_\_\_\_

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

Trade References: **Must be complete**

Business Name	Address	Phone No	Fax No

## Proprietors or Directors

1. Full Name \_\_\_\_\_ Residential Address: \_\_\_\_\_

\_\_\_\_\_ Ph. Number \_\_\_\_\_

2. Full Name \_\_\_\_\_ Residential Address: \_\_\_\_\_

\_\_\_\_\_ Ph. Number \_\_\_\_\_

Guarantees may be sought in support of this applicant

Details of any Bankruptcy of the Applicant, Partners or Director/s: \_\_\_\_\_

I/We hereby consent to Australian Crocodile Traders Pty Ltd (The Seller)

(a) making such inquiries, as the Seller deems necessary including but not limited to obtaining reports from persons nominated as trade references, bankers & financiers, Credit providers, mortgage and trader insurers and credit reporting agencies (The Information Sources);

(b) obtaining from the Information Sources such information as is required by the Seller;

(c) disclosing the content of any report from Information Source in whole or in part to any credit reporting agency for the purpose of allowing that the credit reporting agency to create or add to any credit information file or database in relation to me/us

I/We certify that the information supplied herein is true and correct in every detail and I/We acknowledge that if credit is given this will be done in reliance upon the information supplied by me/us hereon. I/We Acknowledge that the ownership of goods does not transfer to the purchaser until the goods are paid in full.

I/We understand that our credit terms will be 30 days from date of invoice and that should we exceed this by 30 days I/We will be charged a service fee of 2% per month on the outstanding amount

I/We have the authority to pledge credit on behalf of the applicant

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name of Signatory

\_\_\_\_\_  
Position Held

\_\_\_\_\_  
Date