



# SOUTHERN CROSS SAFETY & WORKWEAR PTY LTD

## APPLICATION FOR COMMERCIAL CREDIT ACCOUNT

Trading Name .....

Type Of Business:  Sole Trader     Partnership     Trust     Company

Company/Partnership/Trust Name .....

ABN ..... ACN .....

Phone (    )..... Fax (    ).....

Delivery Address .....

Postal Address .....

Manager's Name ..... Phone .....

Accounts Payable Name ..... Phone .....

Accounts Email Address .....

### Directors/Partners/Owner Details

1. Full Name ..... Phone .....

Address .....

2. Full Name ..... Phone .....

Address .....

### Note :

1. Goods are forwarded at customer cost and risk
2. Trading terms are strictly 30 days from invoice date
3. Ownership of goods does not pass to purchaser until full payment is received

### Trade References

1. .... Phone ..... Fax .....

2. .... Phone ..... Fax .....

3. .... Phone ..... Fax .....

Signed ..... Date ...../...../ .....

Name ..... Position .....  
of authorised signatory