



Credit Account Application Form

PLEASE FAX THE COMPLETED FORM TO US FOR APPROVAL

Company details:

Company Name		Main Phone/ Switchboard	
Co. Registration No		Fax No	
Main Sales Contact		Contact Phone No & Email address	
Main Accounts Contact		Contact Phone No & Email address	
Accounting / Invoice Address		Delivery Address	
Anticipated Monthly Credit Required	\$	Turnover last FY	\$

Trade References:

Full name, address and contact details of three trade references:

Company Name 1		Company Name 2	
Address		Address	
Contact name		Contact name	
Telephone No.		Telephone No.	

DECLARATION: I hereby submit the above information for the sole purpose of opening a Credit Account with Innisfail Associated Cab

PLEASE DON'T FORGET TO SIGN THE APPLICATION BEFORE RETURNING IT TO INNISFAIL ASSOCIATED CAB

Print Name		For INNISFAIL ASSOCIATED CAB USE ONLY	Account Manager
Signed		Account Number	
Date		Credit Limit	