

33 Goldie Street PO Box 348 SMITHTON TAS 7330 council@circularhead.tas.gov.au (03) 6452 4800 www.circularhead.tas.gov.au

## **CREDIT APPLICATION**

TRADING DETAILS	
Account Name:	
Account Address:	
Account ABN:	
Contact Name:	Phone:
Email:	-
Credit Limit Required: \$	
OWNERSHIP DETAILS (BUSINESS APPLICANTS ONLY)	
Please indicate the type of ownership:	
Proprietorship Proprietor Name: 1	2
Company Registered Name:	
Registered Address:	
Other Please specify:	
FINANCIAL DETAILS	
Bank: Branch:	
DECLARATION	TRADE REFERENCES (BUSINESS APPLICANTS ONLY)
<ul><li>I/We agree to pay to you any collection and legal costs incurred by you in the recovery of this account.</li><li>This authority remains in force for the duration of this credit contract if this application is approved.</li><li>Payment is due prior to the last day of the month following the</li></ul>	red Reference 1
	Contact Number
	he Reference 2
month of purchase.	Contact Number
Applicant Signature:	Date:
Applicant Name:	
DIRECTORS GUARANTEES (BUSINESS APPLICANTS O	
In consideration of credit being extended to the purchaser, v	ve, the directors do personally guarantee the performance of the
company and agree to pay personally any overdue amounts	
Director Name:	Signature:
Director Name:	Signature:
CREDIT APPROVAL (OFFICE USE ONLY)	
Application Approved: Yes No	Requesting Officer:
Signed Director Corporate Services:	Date:
Doc No: FW 17 013 1 Edition: B Version: 2	Date: 8/09/20 Officer: CSOR Approval: DCS Page 1 of 1