

APPLICATION FOR CREDIT FOR CUSTOMERS OF K&L ELECTRICS PTY LTD

CONFIDENTIAL

(This form including guarantee must be completed in full in order to process)
Return document by:-Fax (07)3200 3213 or service@klelectrics.com.au

APPLICATION FOR CREDIT TO _____

I/We hereby apply for a Credit Account and submit the following information

Trading Name _____
Trading Address _____
Postal Address _____
Business Phone _____ Business Fax _____ Mobile _____
Nature of Business (e.g. Distributor, Accountant, Mechanic) _____
Date you commenced Business under this trading name _____ ABN _____
Bank Name _____ Branch _____

PROPRIETORSHIP DETAILS

Type of Business: Sole Trader Partnership Trust Company
Personal details of: Sole Trader Partnership Trust Company

1. Full Name _____ Home Phone _____ DOB _____
Residential Address _____ Post code _____
2. Full Name _____ Home Phone _____ DOB _____
Residential Address _____ Post code _____
3. Full Name _____ Home Phone _____ DOB _____
Residential Address _____ Post code _____

IF A COMPANY please complete the following

Registered Company Name _____ A.C.N _____
Registered Office Address _____ Postcode _____
Address for Notices _____ Postcode _____
Date of Incorporation _____ State of Incorporation _____ Paid up Capital \$ _____
Nature of Business (e.g Distributor, Accountant, Mechanic) _____

Note: Directors personal guarantees included with this form must be signed by all directors of the company in order for this application to be processed.

TRADE REFERENCES

1. Name _____ A/C Type _____ Days _____
Address _____ Phone _____ Fax _____
2. Name _____ A/C Type _____ Days _____
Address _____ Phone _____ Fax _____
3. Name _____ A/C Type _____ Days _____
Address _____ Phone _____ Fax _____

AMOUNT OF CREDIT REQUIRED PER MONTH \$ _____
PERSON TO CONTACT REGARDING PAYMENT OF ACCOUNT: 1) _____ 2) _____

