

19 Grey St Carlton, NSW 2218
PO Box 401, Kogarah, NSW 1485
Ph: (02) 95881777 Fax: (02)95884777
www.haverford.com.au

Application for Credit Account

I/we hereby apply for credit accommodation, and submit the following confidential information for this purpose only:-

Registered Business Name _____

ABN No. _____

Trading Since ____ / ____

Trading As (if different from above) _____

Delivery Address: _____

PO Box Address: _____

Telephone (____) _____

Fax (____) _____

Email _____

Website _____

Contact Name _____
(Accounts Payable)

Contact Name _____
(Sales)

Proprietors Names / full list of directors-partners:

1. _____

2. _____

3. _____

Bankers and Branch _____

Trade References :

1. _____ Fax: _____

2. _____ Fax: _____

3. _____ Fax: _____

By signing this application, you are acknowledging having read and accepted out terms and conditions of trade, a copy of which is attached to this hard copy OR is available for viewing at www.haverford.com.au/termsconditions.html

Name _____

Signed _____

Date: _____