

**APPLICATION FOR COMMERCIAL CREDIT – LOW VALUE**

CUSTOMER DETAILS			
Trading Name:			
Entity Type:	<input type="checkbox"/> Sole Trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust <input type="checkbox"/> Company
Full Legal Name:			
	ACN:	ABN:	
Date Business Commenced:	Month/Year:	Website:	
Credit Limit requested:	\$2500.00		
Business Street Address:			
Business Postal Address:			
CUSTOMER CONTACTS			
Accounts Contact Person:		Tel (b/h):	
Accounts Email:			
Invoice/Statement Email:			
Purchasing Contact Person:		Tel (b/h):	
Email:			

By completing this form, the Customer hereby applies for the opening of a low value credit account and provides the above information in support thereof. I am authorised to sign this credit application form on behalf of the Customer and the information given is true and correct to the best of my knowledge. I confirm acceptance of BullAnt Security's normal Terms and Conditions of Trading, available on [www.bullantsecurity.com.au](http://www.bullantsecurity.com.au)

Signature:	
Name (print):	
Position:	
Date:	

Please return completed form to: [vendors@bullantsecurity.com.au](mailto:vendors@bullantsecurity.com.au)

**FOR COMPLETION BY THE SUPPLIER**

The Customer's credit application is accepted. Signed for and on behalf of the Supplier

Signature		Position:	
Name (print):		Date:	