

APPLICATION FOR COMMERCIAL CREDIT – LOW VALUE

CUSTOMER DETAILS				
Trading Name:				
Entity Type:	Sole Trader	Partnership	Trust	Company
Full Legal Name:				
Industry:		ACN:	ABN:	
Date Business Commenced:	Month/Year:	Website:		
Credit Limit requested:	\$5000.00			
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:				
<p>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</p>				
Name (print):				
Position:				
Signature:				Date:

Please return completed form to: vendors@bullantsecurity.com.au

FOR COMPLETION BY THE SUPPLIER

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

Full Name (Print):		Position:	
Signature:		Date:	