

CREDIT ACCOUNT APPLICATION

SOLLYS CONTRACTORS

To Be Completed By Applicants - Please complete all sections.

DATE: _____ SOLLYS ACCOUNT CODE _____

CLIENT'S TRADE NAME: _____

CLIENT'S FULL or LEGAL NAME: _____

Phone: _____ Fax: _____

Mobile: _____ Email: _____

Mailing Address: _____ Physical Address _____

_____ Postcode _____ Postcode: _____

CLIENT INFORMATION

Company Number: _____

Requested Credit Limit: _____ Date Established: - _____

Contact 1: _____ Contact 2: _____

Position: _____ Position: _____

Phone: _____ Phone: _____

DETAILS OF OWNER (If Sole Trader) PARTNERS (If Partnership) OR DIRECTORS (If Company)

Full Name: _____ Full Name: _____

Home Address: _____ Home Address: _____

_____ Postcode: _____ Postcode: _____

Home Phone: _____ Home Phone: _____

TRADE REFERENCES

Business Name 1: _____ Business Name 2: _____

Address or A/C No: _____ Address or A/C No: _____

Phone: _____ Phone: _____

Fax: _____ Fax: _____

INVOICING PREFERENCE

Do you prefer invoicing to be : Emailed Posted

Email or Postal address for accounts: _____

DECLARATION BY CREDIT APPLICANT

Director's / Partners Declaration

I being an authorized officer of this business, do agree that payment of all accounts will be received by you (our supplier) within your standard credit terms.

I/we appreciate that adherence to this obligation is the essence of the contract between us.

I/we accept Sollys Freight (1978) Ltd Standard Terms of Trade (A copy is available on request)

I/we authorize you to obtain any information that is necessary to evaluate min / our creditworthiness.

I/we accept that if we fail to pay our account, you are authorized to pass information to an outside agency to assist in recovery.

SIGNED _____ Name: _____ Date _____