



PLEASE COMPLETE THE FIELDS BELOW AND RETURN TO [admin@advancecarcarriers.com.au](mailto:admin@advancecarcarriers.com.au)

Fax: 02 9600 7348 or Post: P.O. BOX 221, MOOREBANK. NSW. 1875.

**CREDIT APPLICATION FOR A BUSINESS ACCOUNT**

**BUSINESS CONTACT INFORMATION**

Company name:			
Phone:	Fax:	E-mail:	
ABN #:		ACN #:	
City:		State:	Post Code:
Date business commenced:			
Sole proprietorship:	Partnership:	Corporation:	Other:

**BUSINESS AND CREDIT INFORMATION**

Primary business address:			
City:		State:	Post Code:
Postal Address:			
Telephone:	Fax:	E-mail for invoicing:	

**BUSINESS/TRADE REFERENCES**

<b>Company name:</b>			
Address:			
City:		State:	Post Code:
Phone:	Fax:	E-mail:	
<b>Company name:</b>			
Address:			
City:		State:	Post Code:
Phone:	Fax:	E-mail:	
<b>Company name:</b>			
Address:			
City:		State:	Post Code:
Phone:	Fax:	E-mail:	

**AGREEMENT**

1. All invoices are to be paid 7 days after issue of statement.
2. Claims arising from invoices must be made within seven working days.
3. By submitting this application, you authorize ADVANCE CAR CARRIERS to make inquiries into the banking and business/trade references that you have supplied.

**SIGNATURES**

<b>DIRECTORS NAME:</b>	<b>DIRECTORS NAME:</b>
<b>DIRECTORS ADDRESS:</b>	<b>DIRECTORS ADDRESS:</b>
<b>DIRECTORS SIGNATURE</b>	<b>DIRECTORS SIGNATURE :</b>