



Application for Commercial Credit Account

Date: _____

Company Trading Name: _____ ACN: _____

Registered Name (if applicable): _____ ABN: _____

Contact Person: 1 _____ 2 _____

Phone Number: _____ Facsimile: _____ Email: _____

Postal Address: _____

Address for Accounts: _____

Delivery Address for goods: _____

Company: Public Listed Ltd Pty Ltd Partnership Sole Trader Other

Date Business Commenced: _____ Type of Business: _____

Number of Employees: 1-10 11-20 21-50 51-100 100+

Bank: _____ Branch: _____

Director(s)/Partners/Proprietors: _____

Trade References

Company Name:	Contact Person	Phone Number
1.		
2.		
3.		

I/We declare that the information provided on this application is true and correct in every particular and it is on this basis that Cross & Hamilton Printers is to determine whether or not to grant this application.

Signed: _____ Position: _____

Could you kindly let us know how you came into contact with our business

- Sales Representative Recommendation White/Yellow Pages
- Other (please specify)

Our Trading Terms are Strictly Nett 30 Days