

Office Use Only	Job No/Proposal No:	Credit Approved:
-----------------	---------------------	------------------

CREDIT APPLICATION

Date of Application / /		
IF AN INDIVIDUAL – FULL NAME: TRADING NAME: ABN:		Date of Birth / /
ADDRESS		Phone Business
CITY/TOWN		Drivers Licence
PREVIOUS ADDRESS IF LESS THAN 3 YEARS AT CURRENT ADDRESS		Phone Home
IF OTHER THAN INDIVIDUAL, FULL LEGAL NAME:		Postcode
ABN: TRADING NAME:		Facsimile No.
REGISTERED ADDRESS:		E-mail Address
CITY/TOWN:	Postcode:	Phone No.
POSTAL ADDRESS		Facsimile No.
CITY/TOWN:	Postcode:	Alternate Phone No.
POSTAL ADDRESS		Contact Person
CITY/TOWN:	Postcode:	Type of Business
ARE YOU TRADING AS A COMPANY, PARTNERSHIP, SOLE TRADER, (Please Circle One)		E-mail Address
FULL NAME AND ADDRESSES OF PROPRIETORS/SHAREHOLDERS/PARTNERS/DIRECTORS/ETC:		
Name:		Position Held:
Postal Address:		Phone No:
City/Town:	Postcode:	Position Held:
Name:		Phone No:
Postal Address:		Position Held:
City/Town:	Postcode:	Phone No:
Name:		Position Held:
Postal Address:		Phone No:
City/Town:	Postcode:	Phone No:
Do you act as Trustee of a Trust?	If YES, please state Name of the Trust:	
Is it an ESTABLISHED or NEW BUSINESS?	If ESTABLISHED, How long?	
Credit Limited Required? \$	Expected Monthly Purchase? \$	
Solicitor Name:	Accountant Name:	
BUSINESS REFERENCES:(No Solicitors or Banks)		
Name:		Phone No:
Name:		Phone No:
Bank Name & Branch:		
BSB and Account Number:		

I certify that the above information is true and correct and I/we am authorised to enter into this Credit Application on behalf of the Applicant. I acknowledge that Popmarc Pty Ltd as the Trustee for MJR Trust trading as Load 28 A.B.N. 83 779 636 560 (Seller) may use this information to assess my/our Credit Application. I have read and understood the attached Terms of Trade are intended to be read in conjunction with this Credit Application. I have had the opportunity to seek independent advice prior to signing this Credit Application and agree to be bound by the attached Terms of Trade. I acknowledge that all invoices must be paid within 30 days and any claims arising from invoices made within 7 days.

SIGNED BY ALL DIRECTORS, PARTNERS, OR SOLE TRADER

Full Name:	Signature:	Circle: Director, Partner, Sole Trader
Full Name:	Signature:	Circle: Director, Partner, Sole Trader