CREDIT APPLICATION FORM

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Simply complete this form in full and fax it back to on fax number,
+61 (02) 9555 5291

Date of Application _____/_____/_____

Trading Name: _____ Australian Business Number: _____

☐Sole Trader ☐Partnership ☐Registered Company No. of years trading with this name: _____

Trading Address: _____ Suburb: _____

State: _____ Postcode: _____ Email: _____

Telephone: _____ Fax: _____ Mobile: _____

Bank: _____ Branch : _____

Account Number: _____

Owners or Directors Information

Name: _____ Name: _____

Private Address: _____ Private Address: _____

_____ _____

Telephone: _____ Telephone: _____

Drivers Lic Number: _____ Drivers Lic Number: _____

Trade References

1. Company Name: _____ Telephone: _____
   Address: _____
2. Company Name: _____ Telephone: _____
   Address: _____

I consent to the supplier obtaining information from the above mentioned referees in support of this application. All information, as supplied is correct to the best of my/our knowledge.

Signature: _____ Date: ___/___/___ Position: _____

Personal Guarantee

I/We understand the trading terms as explained to us by Living Ideas Imports Pty Ltd. I/We guarantee payment of any and all accounts for goods purchased by the above company together with any legal or out of pocket expenses associated with the collection of any outstanding moines. I/We understand this guarantee binds me personally.

Date: ___/___/___ Date: ___/___/___

Signature: _____ Signature: _____

Company Director: _____ Company Director: _____

Print Name: _____ Print Name: _____

Witness: _____ Witness: _____