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www.klenall.com.au

Sales Contact..... CREDIT APPLICATION Date:

Is the applicant a: COMPANY [ ] PARTNERSHIP [ ] SOLE TRADER [ ]

Trading Name:.....

Company Name: .....

Registered Address: .....

Nature of Business: .....

A.B.N: .....

Date of Commencement of Business under Current Ownership: .....

Location Address: .....

Are these premises: Owned / Mortgaged / Leased / Rented

Postal Address: .....Post Code:.....

Telephone No.: ..... Fax No.: .....

Email Address: .....

Accounts Payable contact..... Phone No .....

Accounts email address: .....

Purchasing contact... .. Phone No .....

Purchasing email address: .....

Details of Directors (applicable to non-listed companies & co-operatives, etc Only)

1. Name in full: .....

Private Address: .....

2. Name in full: .....

Private Address: .....

3. Name in full: .....

Private Address: .....

Authorised Capital: .....Paid-Up Capital: .....

Applicable to Partnership & Sole Traders Only

1. Name in full: .....

Previous Employer & Occupation: .....

Address: .....

2. Name in full: .....

Previous Employer & Occupation: .....

Address: .....

Bank: .....Address: .....

**Business References**

- 1. Name: ..... Phone No.: .....  
Address: ..... Fax No.: ..: .....
- 2. Name: ..... Phone No.: .....  
Address: ..... Fax No.: ..: .....
- 3. Name: ..... Phone No.: .....  
Address: ..... Fax No.: ..: .....

**TERMS**

Title to the purchases does not transfer until settlement is made and all credit claims must be made within 14 days of delivery.

I/We declare that all information supplied in this application form is true and correct.

I/We consent to Klenall Industrial Suppliers contacting the referees directly.

I/We agree to operate our account with Klenall Industrial Suppliers in accordance with the following settlement terms:

- 1) Nett 30 days from invoice date
- 2) The Company has the right to withdraw credit facilities and stop service immediately On overdue accounts over 7 days or if payment is made by dishonoured cheque.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
NAME OF APPLICANT (please print)

\_\_\_\_\_  
TITLE

**Suppliers of**  
 • WASHROOM PRODUCTS • SAFETY EQUIPMENT (PPE)  
 • PACKAGING PRODUCTS • CLEANING EQUIPMENT & PRODUCTS