



REQUEST FOR CUSTOMER CREDIT ACCOUNT FORM

An editable PDF version of this form is available on our website at shrine.org.au.

BUSINESS CONTACT DETAILS

Primary Point of Contact:	
Address:	
Phone:	E-mail:

BUSINESS AND CREDIT INFORMATION

Company name:			
Parent company if division subsidiary:			
Trading since:			
<input type="checkbox"/> Sole trader	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited liability	<input type="checkbox"/> Other
Postal address:			
City:	State:	Postcode:	
Phone:	Email:		
Bank name:			
Bank address:		Phone:	
City:	State:	Postcode:	

BUSINESS / TRADE REFERENCES

Company name:		Company name:	
Contact name:		Contact name:	
Address:		Address:	
City:	Postcode:	City:	Postcode:
Phone:		Phone:	
Email:		Email:	
Company name:		Company name:	
Contact name:		Contact name:	
Address:		Address:	
City:	Postcode:	City:	Postcode:
Phone:		Phone:	
Email:		Email:	

AGREEMENT

1. All invoices are to be paid on the 20th of the month following the date of the invoice.
2. Any claims arising from invoices must be made within seven working days of receipt of invoice.
3. By submitting this application, you authorise the Shrine of Remembrance to make inquiries into the banking and business / trade references that you have supplied.

I agree to these terms

SIGNATURES

Title: Date:	Title: Date:
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SHRINE INTERNAL USE ONLY

APPLICATION STATUS

<input type="checkbox"/> Rejected	<input type="checkbox"/> Approved	<input type="checkbox"/> Approved subject to
Comment:		
Signed:		Date: